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VOLUNTARY HEALTH INSURANCE

SELECTED ANNOTATED REFERENCES

Compiled by ELSIE S. MANNY
Agricultural Marketing Service

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PREFACE

Voluntary health insurance is becoming widespread in the United States as a means of paying for hospital, surgical, and medical care. Although a large proportion of the persons insured are in urban areas, increasing numbers of rural people are using prepayment plans to help meet the costs of illness. Voluntary health insurance involves the following carriers: (1) Non-profit agencies, such as Blue Cross and Blue Shield; (2) insurance companies; and (3) independent plans including consumer cooperatives. As generally defined, health insurance does not include disability insurance (payments for wage loss during sickness), workmen's compensation, incidental medical care riders on various kinds of insurance policies, or health facilities and services provided in industrial plants for the preservation of workers' health on the job.

This list of publications was prepared as a necessary aid to current research relating to voluntary health insurance in the United States, particularly in rural areas. Although information on rural people is found in a number of the "general" references, material dealing primarily with rural people is listed under "rural." Only a few references were selected from the great number giving arguments for or against voluntary versus compulsory health insurance. A few reports on the health program of the former Farm Security Administration are included.

The list was prepared under the direction of Margaret Jarman Hagood, Chief, Farm Population and Rural Life Branch, Agricultural Marketing Service. Donald G. Hay, Agricultural Marketing Service, headquarters at the University of North Carolina, gave many helpful suggestions regarding the scope and subject matter.

Acknowledgment is made to Helen L. Johnston, Public Health Service, Department of Health, Education, and Welfare, for her valuable assistance in the selection of references.

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CONTENTS

		Page
I.	General	1
II.	Rural	39
III.	Author and State Index	59

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VOLUNTARY HEALTH INSURANCE
Selected Annotated References

I. GENERAL

1. AMERICAN DENTAL ASSOCIATION, COUNCIL ON DENTAL HEALTH. Conference on prepayment plans for dental services. Jour. Amer. Dental Assn. 46: 77-78. Jan. 1953.

The Council on Dental Health met with representatives of Blue Shield medical care plans to discuss problems involved in prepayment plans for dental services including insurable risks, enabling legislation, benefits, and administration.

2. AMERICAN DENTAL ASSOCIATION, COUNCIL ON DENTAL HEALTH. Summary of available information and prepayment dental care plans. Chicago, The Association. 1953. 56 pp. Processed.

A reference guide which reviews all available published information on prepayment dental care plans.

3. AMERICAN HOSPITAL ASSOCIATION, BLUE CROSS COMMISSION. Blue Cross Guide. Chicago. 1953. 168 pp.

Summarizes for each Blue Cross plan the area served, date of organization, group enrollment benefits and rates including out-of area benefits, waiting periods, age limits, restrictions, and a brief description of the medical-surgical plan with which it is associated. Lists plans offering non-group enrollment, as of January 1953.

4. AMERICAN HOSPITAL ASSOCIATION, BLUE CROSS COMMISSION. New Blue Cross approval program spells progress. Hospitals 24: 57-59, 117. Dec. 1950.

Summarizes changes approved in September 1950 giving former standards and new standards.

5. AMERICAN HOSPITAL ASSOCIATION, HOSPITAL SERVICE PLAN COMMISSION. Non-profit medical service plans; voluntary prepayment plans for medical and/or surgical services operated in coordination with Blue Cross hospital service plans. Chicago. 1945. 51 pp.

A brief description of the 31 medical and/or surgical plans operated in coordination with approved Blue Cross hospital plans. For each plan, data on monthly subscription rates, benefits, enrollment requirements, and payments are included.

6. AMERICAN MEDICAL ASSOCIATION. American Medical Association health program and prepayment sickness insurance plans. Jour. Amer. Med. Assn. 130: 494-496. Feb. 23, 1946.

The proposals of the American Medical Association for expanding prepayment medical care plans in cooperation with State and local medical societies.

7. AMERICAN MEDICAL ASSOCIATION. Pharmacists disapprove compulsory health plan. Jour. Amer. Med. Assn. 144: 690-691. Oct. 21, 1950.

According to a recent poll by the American Druggist, the retail pharmacists believe that voluntary medical care plans offer a better solution than Government compulsion for the health problems of the United States. More than three-fourths of the pharmacists responding to the poll favor the voluntary way. Only 9 percent were in favor of Government-sponsored plans. A year earlier (1949) 16 percent favored Government sponsorship.

8. AMERICAN MEDICAL ASSOCIATION. Program for the advancement of medicine and public health. Jour. Amer. Med. Assn. 139: 528-530. Feb. 19, 1949.

A 12-point program under the following headings: A Federal department of health; medical research; voluntary insurance; medical care authority with consumer representation; new facilities; public health, mental hygiene; health education; chronic diseases and the aged; veterans' medical care; industrial medicine; medical education and personnel.

9. AMERICAN MEDICAL ASSOCIATION, BUREAU OF MEDICAL ECONOMICS. Handbook of sickness insurance, State medicine and the cost of medical care. Chicago. 1939 (Rev.) 181 pp.

A digest of reports on medical care, with articles for and against compulsory and voluntary health insurance. Discusses findings of the Committee on the Costs of Medical Care and reports on health insurance in other countries.

10. AMERICAN MEDICAL ASSOCIATION, COUNCIL ON MEDICAL SERVICE. Voluntary prepayment medical benefit plans. Chicago. 1953. 154 pp. Supplement. Charts and tables. 1953. 21 pp.

Contains brief description of each medical-care plan approved by the American Medical Association and of certain plans which are not so approved. Gives data on legal organization, governing body, medical-society approval, area covered, types of contracts offered, number of persons enrolled, income limits, benefits, exclusions, waiting periods, monthly premiums, and relationship with Blue Cross.

11. AMERICAN PUBLIC HEALTH ASSOCIATION, SUBCOMMITTEE ON MEDICAL CARE. The quality of medical care in a national health program. Amer. Jour. Public Health 39: 899-924. July 1949.

Discusses the objectives and qualitative and quantitative adequacy of a medical care program; professional and related personnel; hospitals and related facilities; services; financing; and administrative principles.

12. ANDERSON, ODIN W. Compulsory medical care insurance, 1910-1950. In Annals of the American Academy of Political and Social Science 273: 106-113. Philadelphia, The Academy. Jan. 1951.

Outlines issues involved in the development of compulsory medical care insurance over a 40-year period. Points out agreement over need for insurance but disagreement as to sponsorship and control.

13. ANDERSON, ODIN W. National family survey of medical costs and voluntary health insurance, 4 Parts. New York, Health Information Foundation. Jan. 1954.

Survey conducted by the National Opinion Research Center. Preliminary reports of data obtained in interviews with 2,800 families in urban and rural areas.

Summary Report No. 1. The extent of voluntary health insurance in the United States as of July 1953.

Summary Report No. 2. Voluntary health insurance and consumers expenditures for personal services. July 1952-June 1953.

Summary Report No. 3. Voluntary health insurance and utilization of personal health services, July 1952-June 1953.

Summary Report No. 4. Debt among families in the United States due to costs of personal health services as of July 1953.

14. ANDERSON, ODIN W. State enabling legislation for non-profit hospital and medical plans 1944. Public Health Econ. Res. Series 1. Ann Arbor, Univ. of Mich. 1944. 56 pp.

Summarizes the legal aspects of State and local prepayment plans. Analyzes (1) existing laws, (2) the changes in legislation since the initial hospital act was passed in 1934, (3) new legislation being proposed, and (4) trends in plans.

15. AVNET, HELEN H. Voluntary medical insurance in the United States: Major trends and current problems. New York, Med. Administration Serv., Inc. 1944. 104 pp.

Sketches the history of the development of voluntary medical insurance from 1850 to the early 1940's. Representative plans are described and appraised. Some of the problems of voluntary medical insurance are noted, including enrollment, services offered, charges, and administration.

16. AXELROD, S. J. The medical care bookshelf. Amer. Jour. Public Health 43: 381-398. Apr. 1953.

References are grouped under the following headings with sufficient explanation to make the items meaningful: (1) General Background, (2) Medical Care Personnel and Medical Care Facilities, (3) Patterns of Organization, (4) Financing Medical Care: Tax-Supported Programs, (5) Financing Medical Care: Medical Care Insurance, (6) Industrial Medical Care, (7) Rural Programs of Medical Care, (8) Medical Care for Chronic Illness, (9) Planning and Proposals for Medical Care, (10) Medical Care Programs in Other Countries, (11) Medical Care Stock in Trade.

17. AXELROD, S. J., AND PATTON, ROBERT E. The use and abuse of prepaid comprehensive physicians' services. Amer. Jour. Public Health 42: 566-574. May 1952.

A study of the experience of Windsor Medical Services of Windsor, Canada, a voluntary, nonprofit, prepaid medical care plan sponsored by the Essex County Medical Society in which the participating physicians are paid on a fee-for-service basis. Organized in 1939, there were more than 100,000 subscribers by May 1951, representing over 50 percent of the population in the Windsor metropolitan area. More than 95 percent of the physicians in the Essex County Medical Society participate in the plan.

18. BABCOCK, KENNETH B. The excessive use of Blue Cross benefits. Hospitals 26: 49-51. July 1952.

Some of the abuses include: (1) Admitting patients to hospital for diagnosis only, (2) using hospital for procedures that can be performed at home or in doctors' offices, (3) over-usage of drugs, laboratory tests, and so on, (4) delayed test reports and delayed discharge of patients. Problems may be overcome if hospitals, physicians, patients, and Blue Cross all work together.

19. BACHMAN, GEORGE W., AND MERIAM, LEWIS. The issue of compulsory health insurance. Washington, The Brookings Institution. 1948. 271 pp.

This study was made at the request of the chairman of the Subcommittee on Health, Committee on Labor and Public Welfare, U. S. Senate. Discusses the issues involved in compulsory health insurance and presents statistics on mortality rates, Selective Service data, illness rates, the capacity to pay for medical care, and the supply of health personnel and facilities. Recommends that compulsory health insurance legislation be left to State action.

20. BAEHR, GEORGE. Health Insurance Plan of Greater New York. Jour. Amer. Med. Assn. 143: 637-640. June 17, 1950.

Voluntary prepayment plan launched in March 1947. Enrollment open to groups of 25 or more having a common employer, if at least 75 percent join; to groups of 10-25, if 90 percent join and include their dependents.

In 4th year of operation, comprehensive care--preventive, early diagnostic, and curative--is being provided to 235,000 persons in their homes, at physicians'

offices, at medical centers, and in hospitals. Describes method of providing services and types provided; incomes of physicians from the plan; organization and efficiency of medical groups.

21. BAEHR, GEORGE. The attitude of medical societies to prepaid group practice. New Eng. Jour. of Medicine 247: 625-627. Oct. 23, 1952.

Talk before the Group Health Institute of the Cooperative Health Federation of America by the President and Medical Director of the Health Insurance Plan of Greater New York which provides comprehensive preventive and medical care services to about 400,000 persons. Describes the advantages of prepaid group practice and tells why some doctors are opposed to it.

22. BAEHR, GEORGE, AND DEARDORFF, NEVA R. Experience of the Health Insurance Plan of Greater New York with its older enrollees. In Illness and Health services in an aging population. U. S. Public Health Serv. Pub. 170. 1952. pp. 38-50.

The experience of HIP shows that older persons are not excessive users of health services but suggests that more information is needed about ways to improve the medical care for aging persons.

23. BAUER, LOUIS H. Medical care for the American people. Jour. Amer. Med. Assn. 129: 945-949. Dec. 1, 1945.

Tells how the implementation of the 14-point program of the American Medical Association would provide better medical care for the Nation than compulsory health insurance.

24. BAUER, LOUIS H. Private enterprise or government in medicine. Springfield, Ill., Charles C. Thomas. 1948. 201 pp.

Discusses the problems of cost and distribution of medical care. Describes the growth of government participation in medicine and public health, the compulsory health insurance movement, and voluntary health insurance in the United States. Presents the proposals the American Medical Association has adopted for programs in the field of medical care.

25. BAUMGARTERN, HAROLD, Jr. Inter-Plan Service Benefit Bank reaches milestone of service. Hospitals 27: 61. Feb. 1953.

Created 3½ years ago as a service to hospitals, the Inter-Plan Service Benefit Bank of the Blue Cross Commission paid for its four millionth day of patient service in January 1953. The bank allows a Blue Cross subscriber to use his membership easily when away from home and it gives the Blue Cross member hospital a quick, reliable, and simple system for the establishment of credit for the hospitalized out-of-town Blue Cross patient. It makes possible a simple admission procedure, prompt payments, and good public relations with the "out-of-towners."

26. BECKER, HARRY. Labor looks at prepaid medicine. Med. Econ. 27: 100-111. Aug. 1950.

Points out inadequacies of present insurance plans and criticizes attitude of American Medical Association toward national health insurance.

27. BECKER, HARRY. Organized labor and the problem of medical care. In Annals of The American Academy of Political and Social Science 273: 122-130. Philadelphia, The Academy. Jan. 1951.

Describes union-operated prepayment plans, commercial insurance plans, and local plans for meeting the costs of medical care. Points out inadequacies and ways to improve existing plans.

28. BECKER, HARRY. Third party payer in future financing of hospital care. Hospital Management 73: 65-68. Mar. 1952.

With the number of people covered by prepayment plans increasing, there is need for closer cooperation between the prepayment agency, the hospital, and physician in order to reduce costs and render satisfactory service. Significant gaps in prepayment plans include the public assistance groups, the unemployed, the retired workers, and many chronic illnesses.

29. BENNETT, A. E., HARGROVE, E. A., AND ENGLE, BERNICE. Voluntary health insurance and nervous and mental disease. Jour. Amer. Med. Assn. 151: 202-206. Jan. 17, 1953.

Recommends improvements in voluntary health insurance to provide benefits for nervous and mental disorders. Also recommends psychiatric advisory committees to guide insurance plans in proper and definite inclusion of these conditions and studies of successful plans now in operation and pilot experiments set up to test various theories and by actual experience to determine just costs in order to aid the health insurance plans in devising new complete plans.

30. BENSON, C. G. The real issue in prepay medicine. Med. Econ. 27: 49-53, 168-170. July 1950.

Presents 10 leading problems facing prepayment leaders and what's being done about them.

1. How to speed up new enrollment?
2. How to keep present subscribers sold?
3. How to wipe out enrollment restrictions?
4. How to provide broader benefits?
5. How to bolster the full-service principle?
6. How to make income limits more realistic?
7. How to guard against abuses--by both patients and doctors?
8. How to add more laymen to governing boards?
9. How to spur interplan cooperation?
10. How to erect depression safeguards?

31. BERGER, ADOLPH. Dentistry and voluntary prepaid health insurance. The New York State Dental Jour. 17: 24-27. Jan. 1951.

Shows need of extending benefits of Blue Cross to cover oral surgery. At present no coverage is provided for services of whatever nature rendered by members of the dental profession although it is generally recognized that many phases of dental practice are of a medical or surgical nature.

32. BJORN, WALTER. Low-Cost hospitalization protection. Harvard Business Review 22: 256-264. Winter 1944.

Describes group hospitalization as developed by insurance companies and nonprofit plans and the possibility of a Federal plan. Concludes that it is still the American way to solve the problem by voluntary effort.

33. BLANCHARD, RALPH H. Survey of accident and health insurance. U. S. Social Security Admin., Bur. Res. and Statis. Bur. Memo. 62. Washington. Bulletins 1, 2, and 3. 10 pp. 1945. Bulletins 4, 5, and 6. 10 pp. 1946.

Findings from a study (made in 1942) of the scope and extent of private insurance against wage loss and medical costs incident to disabilities resulting from diseases and nonindustrial accidents.

The first bulletin deals with the scope and method of the study; the second, the amounts of premiums in different years; the third and fourth with loss ratios; the fifth with expense ratios and the sixth with acquisition costs.

34. BREWSTER, AGNES W. Independent plans providing medical care and hospitalization insurance in the United States. 1950 Survey. U. S. Social Security Admin. Bur. Memo. 72. Washington. 1952. 122 pp.

Provides information on enrollment, benefits and finances of the independent or non-affiliated voluntary medical care insurance plans. Does not include Blue Cross, Blue Shield, and commercial insurance plans.

35. BRODINSKY, B. P. How shall we pay for health? Parents Magazine 20: 20-21, 117-122. Nov. 1945.

Discusses the advantages and disadvantages of compulsory health insurance and voluntary prepayment plans as methods of paying for medical care.

36. BUREAU OF COOPERATIVE MEDICINE. New plans of medical service; examples of organized local plans of providing or paying for medical services in the United States. New York, The Bureau. 1940. 72 pp.

A revision of the Julius Rosenwald Fund pamphlet "New Plans of Medical Service" issued in 1936.

37. CABOT, HUGH. The patient's dilemma; the quest for medical security in America. New York, Reynal & Hitchcock. 1940. 284 pp.

A comprehensive treatment of the problems involved in securing good medical care. Voluntary health insurance is considered in dealing with the cost and financing of medical care.

38. CANNON, IDA M., CLARK, DEAN A., FAXON, NATANIEL W., SINAI, NATHAN, GOLDMAN, FRANZ, MCKITTRICK, LELAND S., BAUER, LOUIS H., BUTLER, ALLAN M., and ROGERS, EDWARD S. Symposium on medical sociology. New Eng. Jour. Medicine 234: 20-23, 53-58, 86-89, 122-124, 155-160. Jan.; 188-194, 225-230, 260-269, 296-303. Feb. 1946.

Includes the following papers: Some clinical aspects of social medicine; problems in the distribution of medical care; health insurance plans; medical economics; foreign programs of medical care and their lessons; medical practice and its future; the point of view of organized medicine toward the distribution of medical care; minority views on improving medical care; and some practical considerations in the planning and conduct of a national medical care program.

39. CHAMBER OF COMMERCE OF THE UNITED STATES. A look at modern health insurance. Washington, The Chamber. 1954. 176 pp.

Includes chapters on the development of voluntary health insurance, its basic principles, the scope of Government health services, and other subjects.

40. CHAMBER OF COMMERCE OF THE UNITED STATES. Health insurance in America. Address, Second National Conference on Social Security. The Chamber, Washington. Jan. 1945. 72 pp.

The five main problems considered were:

1. How can we provide adequate and up-to-date medical care to people in all sections of the country, particularly to those in the lower income groups?
2. Can adequate care be provided with the present system or should we adopt on a wide scale a voluntary group prepayment plan providing not only hospital service but medical and surgical care?
3. Should steps also be taken to provide income to the worker when he is disabled because of non-occupational illness?
4. Can we expect voluntary private methods, providing both medical care and proper financing, to be sufficient or will some type of legislation be necessary?

5. If the legislation is necessary, what should be the functions of the Federal, State and local governments? How can private voluntary plans and government plans be coordinated? Also, how would the money be raised - by general taxation, payroll taxes, insurance premiums, or a combination of these? Should the employer contribute and, if so, to what extent?

41. CLARK, DEAN A., AND CLARK, KATHERINE G. Organization and administration of group medical practice. Joint Committee of the Twentieth Century Fund and the Good Will Fund; and Medical Administration Service, Inc. Camden, N. J. The Haddon Craftsmen, Inc. 1941. 109 pp. [Distributed by Edward A. Filene Good Will Fund, Boston.]

Reviews problems of policy and procedure in the planning and administration of group practice organizations especially those associated with prepayment plans. Discusses scope and stnadards of service, remuneration of physicians, coordination of professional services, and agencies cooperating in rendering medical care.

42. COMMISSION ON FINANCING OF HOSPITAL CARE. Financing hospital care in the United States, recommendations. Chicago. The Commission. Jan. 1954. 56 pp.

These recommendations comprise the first of four reports to be published by the Blakiston Co., Inc., New York. The titles of the remaining three are as follows:

Vol. I. Prepayment and the community.
Vol. II. Financing hospital care for non-wage and low income groups.
Vol. III. Factors affecting the costs of hospital care.

The first report contains the Commission's recommendations, the principles which underlie them, and the highlights of the other three reports.

43. COMMITTEE OF THE AMERICAN NURSES ASSOCIATION AND THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING ON NURSING IN MEDICAL CARE PLANS. Guide for the inclusion of nursing service in medical care plans. New York, National League for Nursing Inc. 1950. 31 pp.

Written as a guide for the use of State and district nurses' associations and administrators of community nursing services, as well as individual nurses interested in medical care plans. Outlines problems which should be considered in the establishment of nursing services in medical care plans.

44. COMMITTEE ON RESEARCH IN MEDICAL ECONOMICS. Group medical practice; tentative statement of principles and procedures. New York, The Committee. 1940. 14 pp.

In the last paragraph the following reference is made to prepayment plans:

> "When the medical body has arranged with public or voluntary agencies or with organized groups of patients to furnish certain services on a prepayment or other basis, provision should be made for systematic consultation with representatives of these bodies, or for a joint organization in which the medical and the lay interests will both be represented. Such joint supervisory bodies should have access to all pertinent information concerning both the medical and the financial arrangements of the organization."

45. COMMITTEE ON RESEARCH IN MEDICAL ECONOMICS. Restrictions on free enterprise in medicine. New York, The Committee. Apr. 1949. 23 pp.

Describes State legislation controlling establishment of voluntary health insurance plans.

46. COMMITTEE ON THE COSTS OF MEDICAL CARE. Medical care for the American people. Pub. 28. Final Report. Chicago, Univ. of Chicago Press. 1932. 213 pp.

"The report affords for the first time a scientific basis on which the people of every locality can attack the perplexing problem of providing adequate medical care for all persons at costs within their means."

Chapter I outlines the present situation and states the nature of the problem. In very brief compass, it gives the highlights from the Committee's 26 fact-finding studies.

Chapter II enunciates the essential elements of a satisfactory medical program and discusses the three major lines of approach to such a program.

Chapter III translates these policies into terms of organization and administration. It presents the Committee's concept of an ultimate objective.

Chapter IV depicts the most significant plans and experiments now under way. The advantages and disadvantages of each of them are briefly summarized.

Chapter V gives the Committee's specific recommendations. There are five broad recommendations and under each of these are listed specific measures for putting it into effect. Some of the specific measures are less general in application than others.

Chapter VI presents the need for action and some practical immediate steps.

47. CONOVER, HELEN F. (Compiler.) Health Insurance in the United States and foreign countries. A bibliographical list. U. S. Library of Congress. 1938. 49 pp.

References to the United States are found on pages 5-19. Includes books, bulletins, and articles relating to prepayment and the economic aspects of medical care.

48. COOPERATIVE HEALTH FEDERATION OF AMERICA. Health for millions. Addresses delivered at first national cooperative health conference, Two Harbors, Minn., Aug. 1946. (Cecil Crews, editor.) Chicago. 87 pp.

Principles and problems of voluntary nonprofit prepaid health service plans sponsored by consumers of medical care are discussed in this series of addresses.

49. COOPERATIVE HEALTH FEDERATION OF AMERICA. The Cooperative Health Federation of America and its member plans. Chicago, The Federation. 1951. 39 pp.

Summarizes facts about the Cooperative Health Federation and the voluntary prepayment group-health plans sponsored by the consumers of medical care which comprise its membership. Includes several rural plans.

50. CRAIN, KENNETH C. Compulsory health insurance, No? Yes? Hospital Management 69: 33-35. Mar. 1950.

Outline of debate between Stassen and Pepper, January 29, 1950 (radio); also a description of Stassen's articles in Reader's Digest.

51. CREEL, GEORGE. California calls the doctor. Collier's 123: 56, 63. Feb. 26, 1949.

The California Physicians' Service, sponsored by the California Medical Association, provides a voluntary prepayment plan for hospital and surgical care for persons of limited income. Families of members of the California Grange representing 75,000 persons may join. The costs and benefits to patients and to physicians are outlined.

52. DAVENPORT, RUSSELL W. Health insurance is next. Fortune 41: 63-67, 142-152. Mar. 1950.

Discusses the uneven distribution of doctors and medical facilities, the cost of medical care, and the inadequate coverage of voluntary medical insurance at present. Compares the main provisions and overall effects of two of the major proposals before Congress in 1949. Discusses other prepayment plans.

53. DAVIS, F. GORDON. What are you going to do about it? If the Federal Government engulfs the voluntary hospitals, the hospitals can blame their own apathy. The Modern Hospital 72: 65-67. May 1949.

The author states that executives of the voluntary hospitals should do something about the threat of compulsory health insurance; that they must develop programs at the State level and educate the public on the issues involved.

54. DAVIS, MICHAEL M. What should hospitals do about health insurance? Modern Hospital 75: 77-79, 138, 140. Sept. 1950.

Hospital care should be made financially available to at least 85 percent of the American people through the insurance principle. How this goal is to be achieved involves questions of time, money, and method.

55. DAVIS, MICHAEL M., AND ANDERSON, DEWEY. Medical care for the individual and the Issue of compulsory health insurance; a review of the report of the Brookings Institution. Printed for the use of the Senate Committee on Labor and Public Welfare, 80th Cong., 2d Sess. Washington; U. S. Govt. Print. Off. 1948. 17 pp.

The authors analyze and refute selected statements

quoted from The Issue of Compulsory Health Insurance (see Bachman, item 19).

56. DEARDORFF, NEVA R. The 1948 experience of the Health Insurance Plan of Greater New York with the utilization of physicians services by the enrollees in each age-sex group. Amer. Jour. Public Health 40: 1536-1545. Dec. 1950.

Among the various age-sex groups, in 1948, the heavy users of the services of this insurance plan were infants, women of childbearing age, and, to a considerably lesser degree, elderly males. "Physician services required for aged persons constitute so minor a part of the estimated total required by a normally constituted population, that a considerable increase in the proportion of the aged in that population would not result in their preemption of a large fraction of the physician services needed by, and rendered to, the total community."

57. DEARDORFF, NEVA R., AND CLARK, DEAN A. Medical care and the family budget. Social Service Review 23: 1-14. Mar. 1949.

Discusses the problem of providing good medical care for city families of moderate means or less. Also discusses the private practice of medicine, medical charity as the keystone in the arch of medical economics, and family budgeting for medical care. Lists and discusses seven criteria for prepaid medical care. Describes four types of medical care plans. Gives a brief description of the Health Insurance Plan of Greater New York.

58. DENTAL SOCIETY OF THE STATE OF NEW YORK, COUNCIL ON DENTAL HEALTH. Symposium on prepayment plans for dental care. The New York State Dental Jour. 17: 331-336. Aug.-Sept. 1951.

Discusses the application of insurance principles to dentistry. In Pennsylvania, in 1949, bills were passed to include certain dental services (the main types of oral surgical operations including impactions) in existing Blue Shield and Blue Cross plans. It was recommended that a similar plan be inaugurated in New York and that plans be submitted for the organization, administration, and operation of a prepayment plan for children.

59. DENTAL SOCIETY OF THE STATE OF NEW YORK, COUNCIL ON DENTAL HEALTH. The requirements of a dental health service plan. The New York State Dental Jour. 17: 355-359. Aug.-Sept. 1951.

Conclusions of a workshop conference conducted by the Council on Dental Health of the Dental Society of the State of New York, at Syracuse, N. Y., Mar. 12-14, 1951. The purpose, effect, and basic principles of a dental prepayment plan were considered. Plans that limit coverage as to age and benefits and which are organized on a group basis were thought to have the best chance of success.

60. DEPARTMENT OF NATIONAL HEALTH AND WELFARE. RESEARCH DIVISION. (Study performed by John E. E. Osborne.) Voluntary medical care insurance: A study of non-profit plans in Canada. General Series, Memorandum No. 4. Ottawa, the Department. 1954. 208 pp.

Describes and analyzes the operations of 14 of the voluntary plans developed under various auspices to offer medical care insurance to Canadians on a nonprofit basis.

61. DICKINSON, FRANK G. Fundamental requirements of insurance applied to voluntary prepayment medical care plans. Jour. Amer. Med. Assn. 133: 483-484. Feb. 15, 1947.

The seven basic requirements to be met are: (1) Laws of mathematical probability, (2) insurable interest, (3) a large number of independent risks, (4) importance of the risk, (5) uncertainty of occurrence, (6) the insurance itself must not immeasurably increase the risk, (7) the risk must be measurable.

62. DICKINSON, FRANK G. How much do Blue Cross and Blue Shield health insurance plans pay? Chicago, Amer. Med. Assn., Bur. Med. Econ. Res. Bull. 71. 1949. 8 pp.

Compares medical, surgical, and hospital expenses of plan subscribers and the benefits paid to defray those expenses based on estimates calculated from available data.

63. DICKINSON, FRANK G. Medical care insurance: Lessons from voluntary and compulsory plans; methods of payment. Amer. Jour. Public Health 41: 560-566. May 1951.

Discusses the pattern of voluntary insurance which has

evolved in this country to meet the costs of illness and the types of benefits which should receive consideration in the future.

64. FALK, I. S. Health services, medical care insurance, and Social Security. In Annals of the American Academy of Political and Social Science 273: 114-121. Philadelphia, The Academy. Jan. 1951.
Discusses voluntary and compulsory medical insurance plans, the need for more adequate insurance against medical costs, and ways in which a comprehensive program of medical care might be coordinated with our national system of social insurance.

65. FALK, I. S. Medical care insurance: Lessons from voluntary and compulsory plans - adequacy of financing. Amer. Jour. Public Health 41: 553-559. May 1951.
Methods of financing should (1) make possible fair payments to those who provide services, (2) support and encourage high quality care, (3) assure financial stability and flexibility, (4) adjust the costs of ability-to-pay and (5) be economical and efficient. Concludes that the financial history of medical care insurance testifies that voluntary plans cannot finance a nation's need while compulsory insurance can be adequately financed with broad coverage, comprehensive benefits, and promote research and professional education.

66. FALK, I. S. Voluntary or compulsory group payment of sickness costs in the United States. Security Against Sickness, Chapter XV, pp. 322-337. New York, Doubleday, Doran and Company, Inc. 1936. 423 pp.
Presentation and evaluation of arguments for both voluntary and compulsory insurance with the conclusion that insurance for sickness costs should be on a compulsory basis.

67. FALK, I. S., AND BREWSTER, AGNES W. Hospitalization insurance and hospital utilization among aged persons: March 1952 survey. Social Security Bull. 15: 3-13. Nov. 1952.
The field survey was made for the Social Security Administration by the Bureau of the Census, in connection

with its regular monthly Current Population Survey that is designed to assemble, on a sample basis, national information concerning the civilian noninstitutional population of the United States. Data collected concern the extent to which persons in the noninstitutional population aged 65 and over own hospitalization insurance, the amount of hospital care they receive, and the methods and resources used to meet their hospital bills.

68. FELSEN, HENRY. Protect yourself against financial disaster. Better Homes and Gardens 29: 6, 165-167. Sept. 1951.

To help meet the expenses of serious illness, some companies are offering disaster insurance intended to supplement existing plans which usually cover the first $300 of medical expense. With the first $100-$500 deductible, the insurance plan pays 75 percent of the remaining bill up to $2,500-5,000, depending upon the individual plan obtained. On February 1, 1949, the first group, with average earnings over $6,000 per year, were enrolled in such a plan. People making less than $5,000 a year have not shown a great interest in the plan because of the cost but they are the ones who may need such insurance the most.

69. FROTHINGHAM, CHANNING, WILLCOX, ALANSON W., HOLMAN, EDWIN J., COOLEY, GEORGE W., HANSEN, HORACE R., AND MOSS, JOHN. A symposium on laws relating to health insurance plans and public health. Iowa Law Review 35: 164-250. Winter 1950.

The subjects discussed in these papers are: The need for national health insurance; the nature, scope, and constitutionality of proposed Federal compulsory health insurance; voluntary health insurance in the United States; laws affecting group health plans; and the British national health, welfare, and insurance services.

70. FULLER, JAMES C. A new challenge to doctors. Med. Econ. 30: 180, 185-186. Nov. 1952.

Describes health center project worked out by Dr. Weinerman (Univ. of Calif. School of Public Health) for the San Francisco Labor Council. Under the new plan the worker's family would get about 80 percent of all

the medical services he is likely to need including preventive, diagnostic, therapeutic, and rehabilitative care.

71. GAGLIARDO, DOMENICO. American soical insurance. New York, Harper and Bros. 1949. 671 pp.
Chapters 17-22 discuss the problem of illness and disability, proposed Federal health insurance plans, arguments for and against compulsory health insurance, hospital service plans, prepaid medical care plans, and cash sickness benefit plans.

72. GARFIELD, SIDNEY R. The plan that Kaiser built. Survey Graphic 34: 480-482. Dec. 1945.
Describes the complete health service available through the Permanente Health Plan.

73. GILBERT, WILLIAM H. (Compiler.) Legislation of the proposed national health insurance. 79th, 80th, and 81st Congresses. Selected information. U. S. Library of Congress, Legislative Reference Service. 1949. 18 pp.
Summarizes briefly the pro and con arguments on national health insurance legislation. Presents favorable and unfavorable statements from various sources.

74. GOLDMANN, FRANZ. Medical care insurance: Lessons from voluntary and compulsory plans. Amer. Jour. Public Health 41: 20-26. Jan. 1951.
Evaluation of policies adopted in the organization and administration of medical care insurance. Discusses 12 "lessons that can be learned" based on experiences at home and abroad.

75. GOLDMANN, FRANZ. Voluntary medical care insurance in the United States. New York, Columbia Univ. Press. 1948. 228 pp.
Traces the history and development of voluntary health insurance in the United States. Describes in detail the policies and practices of the major types of cash indemnity and service plans including the Farm Security Administration plans and the U. S. Department of Agriculture experimental rural health programs. Discusses the limitations and potentialities of voluntary plans.

76. HAWLEY, PAUL R. A doctor makes a critical survey of the medical profession. Jour. Mich. State Med. Society 49: 1169-1174. Oct. 1950.
Outlines the major criticisms against the medical profession, gives suggestions for correcting them and concludes by commenting on the necessity for protecting the system of voluntary insurance.

77. HEALTH INSURANCE COUNCIL. Annual survey of accident and health coverage in the United States. (December 1952.) New York, The Council. 1953. 31 pp.
Figures given in survey cover insurance companies, Blue Cross, Blue Shield, and various other groups such as local medical societies, employee benefit associations, private group clinics, consumer-sponsored, and community-sponsored plans. Provides information on number of persons protected by different types of plans and against different types of expenses. Protection against loss of income due to disability is also included.

78. HENDERSON, ELMER L. Here's health--the voluntary way. Reader's Digest 56: 43-49. May 1950.
Indicates what has been done and what is being done to expand and improve voluntary hospital and medical care plans including several rural areas. Points out the disadvantages of compulsory health insurance.

79. HOHAUS, R. A. Should we adopt compulsory medical care insurance? Amer. Econ. Security (Chamber of Commerce of the U. S.) 5: 8-15. Dec. 1948.
Discusses the problems involved in medical care insurance and the need "to avoid ill-considered action." Cites the growth of voluntary health insurance plans and the progress made in recent decades in the field of health.

80. HOLLINGSWORTH, HELEN, JOHNSTON, HELEN L., AND BANEY, ANNA MAE. Health programs digest--selected plans, programs, and proposals in the United States. U. S. Public Health Serv. Pub. 191. Washington. 1952. 146 pp.
Includes general description, historical development, number of persons covered, benefits and costs for

Blue Cross, Blue Shield, commercial insurance, consumer- and community-sponsored, industrial, and other types of voluntary health insurance plans.

81. HOLLINGSWORTH, HELEN, AND KLEM, MARGARET C. Selected bibliography on medical economics. Social Security Board, Bur. Res. and Statis. Memo. 60. Washington. Nov. 1944. 21 pp.

References are grouped under the following headings: General, health status, expenditures for medical care, facilities and personnel, public health, industrial medical care, medical care for recipients of public assistance, health insurance and prepayment hospital and medical care in the United States, health insurance in foreign countries.

82. HOUSEHOLD FINANCE CORPORATION. Money management--your health dollar. Chicago. 1951. 32 pp.

Provides suggestions to families on how to make their health dollar stretch by taking steps to maintain health, making effective use of preventive and curative services, and budgeting for medical and hospital care through insurance plans. Contains information and questions for families to consider in making a choice of insurance plans.

83. HUNT, G. HALSEY, AND GOLDSTEIN, MARCUS S. Medical group practice in the United States. U. S. Public Health Serv. Pub. 77. Washington. 1951. 70 pp.

Defines and provides information regarding development and operation of medical-group practice units, including a discussion of advantages and disadvantages and growth and stability of groups. The authors observe that "in many instances ... a relatively small community in conjunction with the surrounding population supported a fairly large medical group." Chapter V discusses groups having prepayment plans.

84. INTERDEPARTMENTAL COMMITTEE TO COORDINATE HEALTH AND WELFARE ACTIVITIES. Proceedings of the national health conference. Washington, U. S. Govt. Print. Off. 1938. 163 pp.

In the discussion of national needs in the field of health and medical care, those representing farm groups emphasized (1) the need for more rural hospitals, (2)

easier access for rural people to medical care through extension of insurance plans, and (3) extension of public health services to rural areas.

85. KENDRICK, BENJAMIN B. Cash benefits versus service benefits in health insurance. American Economic Security 8: 18-26. Nov.-Dec. 1951. Chamber of Commerce of the U. S.

Points up some of the basic differences between the two types of insurance arrangements, emphasizing the advantages of cash-benefit policies. Recognizes that both types have proved their worth and are providing satisfactory protection for increasing numbers of people.

86. KENDRICK, BENJAMIN B., AND KIRKPATRICK, A. L. Benefits and costs of individual and family health insurance policies. American Economic Security 8: 17-32. Jan.-Feb. 1951. Chamber of Commerce of the U. S.

Describes health protection offered by insurance companies through policies covering individuals or family groups. Includes data for currently issued policies offering (1) loss-of-income protection against sickness and accident and (2) hospital, surgical, and/or medical expense protection.

87. KLEM, MARGARET C. Medical care insurance and the nurse. Amer. Jour. Nursing 46: 387-390. June 1946.

Describes the need for insurance against medical expenses, existing types of insurance plans, present membership and the role of nurses in medical care insurance.

88. KLEM, MARGARET C. Prepayment medical care organizations. U. S. Social Security Bd., Bur. Res. and Statis. Bur. Memo. 55, Ed. 3. Washington. 1945. 148 pp.

Gives information on area served, eligibility for enrollment, services provided, and other data for industrial prepayment plans, medical society plans, private group clinics, and consumer-sponsored plans in operation in 1945. Statistical data are now out of date but the general information as to variations among plans still holds. Contains basic reference material.

89. KLEM, MARGARET C. Recent State legislation concerning prepayment medical care. Social Security Bull. 10: 10-16. Jan. 1947.

Analysis of legislation (enacted through early 1946) regarding prepayment medical care plans pointing out significant trends reflected by State laws.

90. KLEM, MARGARET C. Some recent developments in voluntary health insurance. Social Security Bull. 5: 5-16. Aug. 1942.

Summarizes data, for 1941, obtained from 128 prepayment organizations of various types--industrial medical service, State or county medical society, physician owned, and consumer sponsored; as well as discusses the medical care plans sponsored by the Farm Security Administration and the U. S. Department of Agriculture experimental health program.

91. KLEM, MARGARET C. Voluntary health insurance on the national scene; the present status of voluntary health insurance. Amer. Jour. Public Health 40: 260-267. Mar. 1950.

Describes briefly the growth and benefits of voluntary health insurance plans during recent years. Discusses enrollment problems in rural areas, where most of the population are without insurance, the lack of coverage for low-income groups and people on relief, and the need for more comprehensive benefits. Less than 10 percent of the total family expenditures for medical care in 1947 is estimated to have been covered through voluntary health insurance.

92. KLEM, MARGARET C. Voluntary medical care insurance. In Annals of the American Academy of Political and Social Science 273: 99-105. Philadelphia, The Academy. Jan. 1951.

Discusses type and extent of voluntary health insurance programs, benefits, future development, and factors involved in expansion.

93. KLEM, MARGARET C., HOLLINGSWORTH, HELEN, AND MISER, ZELMA A. Medical and hospital services provided under prepayment arrangements, Trinity Hospital, Little Rock, Arkansas, 1941-42. U. S. Social Security

Admin., Bur. Res. and Statis. Bur. Memo. 69. Washington. 1948. 276 pp.

Deals with the experience of one voluntary, prepayment medical care organization with data for 24 consecutive months on the demand for preventive services, the degree to which consultations are held with physicians early in illness, the extent to which laboratory and X-ray facilities are utilized, and the amount of service provided for certain diagnostic groups.

94. KLEM, MARGARET C., AND McKIEVER, MARGARET F. Program developments and benefit trends in voluntary health insurance. Social Security Bull. 11, 3-8, 15. Nov. 1948.

Emphasizes program developments in relation to areas and groups served, and trends in types of benefits provided under voluntary insurance plans. Includes estimated enrollment (Jan. 1948) in voluntary hospital and medical insurance plans by type of benefit--cash or service. This study brings up-to-date (1948) material on voluntary health insurance presented more fully in an earlier bulletin (1945) by the same author.

95. KLEM, MARGARET C., AND McKIEVER, MARGARET F. Voluntary health insurance for industrial groups. Industrial Medicine and Surgery 20: 11, 489-497. Nov. 1941.

Discusses prepayment plans in operation and shows the value of coordinating voluntary health insurance plans with in-plant and community health services in order to meet the needs of all employed groups.

96. KLEM, MARGARET C., McKIEVER, MARGARET F., LEAR, WALTER J. Industrial health and medical programs. U. S. Public Health Serv. Pub. 15. Washington, U. S. Govt. Print. Off. 1950. 397 pp.

A source book of information on the development of health programs for workers; on the types and extent of services available to them; and on personnel, facilities, and costs of the services.

97. LIVINGSTON, HELEN E. National health insurance. Public Affairs Bull. 85. Washington, The Library of Congress, Legislative Ref. Serv., June 1950. 78 pp.

Presents data on the costs of medical care and health insurance. Gives major pro and con arguments and selected statements on compulsory vs. voluntary health insurance.

98. LOCKE, HENRY D. What insurance companies are doing and can do to extend medical care in New England. Conn. State Med. Jour. 14: 222-227. Mar. 1950.
Summary of proportion of population covered by commercial and other (Blue Cross and Blue Shield) insurance.

99. MAKOVER, HENRY B. The quality of medical care: Methodology of survey of the medical groups associated with the Health Insurance Plan of New York. Amer. Jour. Public Health 41: 824-832. July 1951.
The objectives of the study were (1) to appraise, principally on a comparative basis, the quality of medical care furnished by the 26 medical groups under contract with the Health Insurance Plan of Greater New York; (2) to seek valid correlations between the quality ratings and significant aspects of the operation of these groups; and (3) to develop broad suggestions with respect to methods, whereby quality of service could be enhanced and maintained.

100. MANNING, KENNETH. Prepaid family medical care. Western Farm Econ. Assn. Proc. 19: 167-171. June 1946.
States that medical personnel is insufficient to offer complete coverage; advocates limited coverage with patient paying for initial service for any one illness or accident. Oregon Physicians' Service is now offering in most counties a limited coverage for families of employed groups. The benefits consist of complete coverage for fracture and dislocations, surgery, and allowance on both hospital and medical expenses for obstetrical care.

101. MANNIX, JOHN R. Why not an American Blue Cross? How hospitals and physicians, cooperating, might provide prepayment health services for all. Hospitals 18: 23-26. Apr. 1944.
A proposal that the Blue Cross services be expanded to include adequate medical, dental, nursing, and hospital care; and that subscriber rates be high enough to pay for care of the indigent. Special effort should be made to enroll small

groups, the self-employed, and individuals residing in rural areas as well as farmers.

102. MASTER, ARTHUR M. Impact of medical care plans on the medical profession. Jour. Amer. Med. Assn. 150: 766-770. Oct. 25, 1952.

Extremely critical comment on Health Insurance Plan of Greater New York by the past president of the Medical Society of the County of New York.

103. McKITTRICK, LELAND S. Medical care for the American People--Is compulsory health insurance the solution? New Eng. Jour. Medicine 240: 998-1002. June 23, 1949.

Discusses compulsory health insurance, free choice of physician, cooperation, quality of care, and cost under compulsory health insurance. Favors keeping voluntary plans and retaining individual initiative.

104. McNEEL, JOHN O. Dental program of the St. Louis Labor Health Institute. Amer. Jour. Public Health 44: 878-883. July 1954.

Describes how most dental services are included in a medical care program for a group of 15,000 persons representing the membership of one trade union and their dependents. The cost per dental patient in 1952 was $13.77 which made the cost per prepayment family per month $2.35.

105. MEANS, JAMES HOWARD. Doctors, people and the government. Atlantic Monthly Press Book. Boston, Little Brown and Co. 1953. 206 pp.

Analyzes the problems of medical care and describes the role of the medical school, hospital, physician, and organized medicine. Emphasizes the need for cooperation between voluntary health plans and government health programs and indicates steps that may be taken to reach this goal.

106. MEDICAL ECONOMICS INC. Prepay evaluators. Med. Econ. 28: 46, 50. Feb. 1951.

Describes Minnesota procedure for evaluating different medical care insurance policies and distributing information to physicians. Evaluation is made by a committee of 12--9 physicians and 3 insurance men.

107. MEYER, AGNES. A national health program--what the public expects, and how to organize it. Amer. Jour. Public Health 39: 308-313. Mar. 1949.

Advocates the formation of State and local citizens' councils as the first step toward planning for health, total coverage of the population by local health units, a preventive health program, regionalization of hospital care, and the consolidation of voluntary health insurance plans under Blue Cross and Blue Shield.

108. MILLER, MORTON D. Voluntary health insurance on the national scene: The program of the insurance companies. Amer. Jour. Public Health 40: 1125-1128. Sept. 1950.

Summarizes development of group hospital insurance (largely Blue Cross) and health insurance--surgical and obstetrical (largely Blue Shield). Describes some other forms of medical expense insurance designed to cover illnesses not requiring surgery and other more comprehensive plans. About 65,000,000 persons were covered by some form of hospital insurance and about 40,000,000 by surgical benefits by the end of 1949.

109. NATIONAL CATHOLIC WELFARE CONFERENCE ET AL. A voluntary approach to a national health program. St. Louis, Catholic Hospital Assn., Mar. 1949. 20 pp.

Presents recommendations and suggestions on how the Federal Government should aid in promoting health. On prepayment of costs of sickness recommends: (1) Income tax deductions for health insurance premiums, (2) extension of social security law to include disability due to sickness, (3) Federal funds to assist the States in providing health care for the lowest income brackets, (4) Federal funds to assist the States in establishing prepayment plans. Favors placing chief responsibility on voluntary associations and private initiative, but would include governmental financial support.

110. NATIONAL HEALTH ASSEMBLY. America's health, a report to the Nation. Official report. New York, Harper and Bros. 1949. 395 pp. (See Chapter 6, A National Program for Rural Health, pp. 139-165.)

Summarizes the discussion and recommendations of the

rural health section of the National Health Assembly. Reviews data indicating rural health status and needs for additional doctors, hospitals, public health units, prepayment, and other health facilities and services. Sets forth 10-year goals and suggests ways to achieve them. Recommends "Every effort ... to extend voluntary prepayment plans to all rural people through the most suitable methods for achieving full coverage."

Conclusions of section on "What is the Nation's Need for Medical Care?" appear on pages 221-223. Include principles developed by participants to measure the effectiveness of prepayment plans.

111. NEW YORK ACADEMY OF MEDICINE, COMMITTEE ON MEDICINE AND THE CHANGING ORDER. Medicine and the Changing order. New York, The Commonwealth Fund. 1947. 240 pp.

Discusses medical care in rural and urban areas, the extension of public health services, the quality of medical care, preventive medicine, and hospital, nursing, and medical insurance. Describes the needs of the Nation for more and better medical care and explains the measures best adapted to reach the major objectives. The pros and cons of voluntary and compulsory medical insurance are discussed in Chapter XI, pp. 199-220. Recommends the extension of voluntary insurance.

112. NEW YORK (STATE) LEGISLATURE. COMMISSION ON MEDICAL CARE. Medical care for the people of New York State. Report ... Feb. 15, 1946. Rochester. 1946. 504 pp.

Records public opinion towards certain specific plans for doctor and hospital insurance and the ways individuals and groups (industrial, labor, etc.) have paid for medical care. Describes medical and hospitalization insurance including private and nonprofit plans - their history, legal aspects, general characteristics, coverage, cost, benefits, etc. Gives information about health insurance plans now in operation in New York and presents other medical care plans considered by the Commission.

113. OTEY, ELIZABETH L. Cash benefits under voluntary disability insurance in the United States. U. S. Social Security Bd., Bur. Res. and Statis. Bur. Rpt. 6. Washington. 1941. 117 pp.

Reports on cash benefits provided through commercial insurance and through the cooperative insurance offered by fraternal, trade-union, and mutual-benefit associations. Analyzes the various types of insurance available, extent utilized, and effectiveness in compensating the losses and cost of sickness and disability.

114. PHAIR, W. PHILIP. Problems in the development of prepayment dental care programs. Amer. Jour. Public Health 44: 872-877. July 1954.

Some of the problems discussed are: (1) Lack of basic data, (2) need for an administrative structure, (3) special administrative problems, (4) unavailability of underwriting funds, (5) resistance to change, (6) backlog of unmet needs, (7) unknown number of eligibles who will seek benefits, (8) keeping patients on a maintenance care basis, (9) willingness to pay added premiums, (10) complacency about dental disease. Points up need for additional pilot studies to determine the economic feasibility, the public acceptance, and the practicability of programs for the prepayment of dental service costs.

115. PINK, LOUIS H. The story of Blue Cross. Public Affairs Pamphlet 101. Public Affairs Comm. Inc., New York. 1945. 31 pp.

Outlines history, purposes, types of membership, benefits, control, charges, and relationships to hospitals.

116. PRESIDENT'S COMMISSION ON THE HEALTH NEEDS OF THE NATION. Building America's health. 5 vol. Washington, U. S. Govt. Print. Off. 1952.

Vol. 1. Findings and Recommendations. 80 pp.
Vol. 2. America's Health Status, Needs and Resources. 320 pp.
Vol. 3. America's Health Status, Needs and Resources; a Statistical Appendix. 299 pp.
Vol. 4. Financing a Health Program for America. 363 pp.
Vol. 5. The People Speak; Excerpts from Regional Public Hearings on Health. 521 pp.

This 5-volume report bases an assessment of the health status, needs, and resources of the Nation on published

statistical material brought together from many sources and on evidence presented to the Commission by many persons. The report also presents the views of Commission members and others regarding ways to meet national health needs, including the financing of health services. Volume 5 summarizes statements made by local spokesmen of the health professions, labor, farm, and public groups at regional hearings held throughout the country. A selected bibliography appears on pages 260-305, inclusive, of volume 2.

117. PUBLIC AFFAIRS COMMITTEE. How shall we pay for health care? Public Affairs Pamphlet 152. New York, The Committee. 1949. 32 pp.
Includes The Why, What, and How of National Health Insurance, by Oscar R. Ewing, and The Voluntary Way Is the American Way, by George F. Lull.

118. RANDALL, MARIAN G. Nursing in health service plans. Public Health Nursing 36: 311-317. July 1944.
Emphasizes need for including various types of nursing service in medical care plans. Summarizes a prepayment plan for nursing service.

119. REED, LOUIS S. Blue Cross and medical service plans. Washington, U. S. Public Health Serv. Oct. 1947. 323 pp.
Reviews history, status as of 1946, organizational set-up, methods of operation, benefits, and rates of Blue Cross and medical society-sponsored plans.

120. REED, LOUIS S. Health insurance: The next step in Social Security. New York and London, Harper & Brothers. 1937. 281 pp.
Chapter 12, pp. 181-207, discusses voluntary health insurance under the following headings: Voluntary health insurance abroad; voluntary health insurance in the United States; group hospitalization insurance; college and university medical services; industrial medical services; contract service, in which " a consumer group purchases, or a physician or a group of physicians provides, medical care for a fixed periodic payment"; voluntary health insurance and medical ethics.

121. RICHARDSON, J. T. The origin and development of group hospitalization in the United States, 1890-1940. Univ. of Mo. Studies Vol. XX, No. 3. Columbia, Mo. 1945. 101 pp.

A study of the history, organization, and experience of group hospitalization, including material on State enabling legislation, contracts, accounting, and hospitalization experience.

Hospitalization data were studied from thirty-seven Blue Cross Plans. Data were secured from 369 questionnaires and 3,987 case records of hospitalized subscribers. The average number of maternity cases, average number of days per patient, number of days per employed subscriber year, age distributions, costs of hospitalization, incidence of diseases, and marital status were considered along with other hospitalization data.

122. ROREM, C. RUFUS. Blue Cross hospital service plans. Chicago, American Hospital Association. 1944. 88 pp.

A description and appraisal of a nationwide program for the distribution of hospital care. Brings up to date (1944) material included in the 1940 report "Non-Profit Hospital Service Plans" by the same author. Discusses origin, development, legal aspects, sponsorship, and benefits of plans.

123. ROREM, C. RUFUS. Group hospitalization. Amer. Jour. Nursing 37: 145-147. Feb. 1937.

A discussion of the enrollment of nurses in group hospitalization plans including extent, procedures, restrictions, and financing.

124. ROREM, C. RUFUS. Non-profit hospital service plans. Chicago, American Hospital Association. 1940. 130 pp.

Summarizes the historical, economic, legal, and professional aspects of group hospitalization. Advantages and limitations of various types of plans are analyzed.

125. ROSEN, GEORGE. Health education and preventive medicine--"New" horizons in medical care. Amer. Jour. Public Health 42: 687-693. June 1952.

Describes preventive and educational program carried

out by the Health Insurance Plan of Greater New York among its members, in conjunction with provision of prepaid medical care.

126. ROTHENBERG, ROBERT E., PICKARD, KARL, AND ROTHENBERG, JOEL E. Group medicine and health insurance in action. New York, Crown Publishers. 1949. 278 pp.
Describes the history of group practice and health plans and reviews the operations of the Health Insurance Plan of Greater New York. Suggests a plan for national voluntary health insurance.

127. ROURKE, ANTHONY J., JR. An evaluation of Blue Cross and Blue Shield for the hospitals. Hospital Management 73: 60-65. May 1952.
Advantages include (1) effective public relations between patient and hospital, (2) greater financial stability of hospitals, (3) improved accounting methods and personnel policies, (4) health education and earlier hospital admission.
Problems created include (1) effect on teaching services of decrease in clinic patients, (2) some abuse of hospitalization and diagnostic facilities, (3) need for more private rooms and fewer wards, (4) difficulties regarding methods and amounts of payments.

128. SCHMIDT, ADOLPH. What will health insurance cost? Pittsburgh, Industrial Hygiene Foundation. 1949. 12 pp.
Discusses the estimate of expenditures for a national health insurance program (1948) made by the Social Security Administration, and the total payroll taxes necessary to support an expanded social security program plus health insurance. Cites the cost experience of the Michigan Medical Service and the Health Insurance Plan of Greater New York. Says private plans should be further developed and the several State experimental plans observed along with the British program before a national program is launched.

129. SERBEIN, OSCAR N., JR. Paying for medical care in the United States. New York, Columbia Univ. Press. 1953. 543 pp.
Describes (1) problems connected with medical care--prevalence of illness, medical resources, cost of illness;

(2) prepayment plans - commercial medical care insurance, Blue Cross, Blue Shield, group-practice, individual practice plans, student health plans, and industrial medical care programs; (3) government programs which aid in medical care; (4) problems connected with special groups--the aged, indigent, unemployed, rural population, and small firms; (5) evaluation of prepayment plans and nonprepayment methods; and (6) future developments in medical care and prepayment plans.

130. SHADID, MICHAEL A. A doctor for the people. New York, The Vanguard Press, Inc. 1939. 308 pp.
The autobiography of the founder of America's first cooperative hospital. This community hospital in Elk City, Okla., was organized October 20, 1929, and occupied August 16, 1931. Contains a summary of the basic principles, problems of organization, and details of administration of the hospital.

131. SINAI, NATHAN. But health insurance is different. Harper's Magazine 183: 275-282. Aug. 1941.
Points out some of the weaknesses in existing health insurance plans and makes suggestions which would eliminate part of the "trial and error" in their establishment. Recommends a program which includes home and office doctor's visits because of the value of early diagnosis and treatment.

132. SINAI, NATHAN. Present status of health insurance in the United States. Amer. Jour. Public Health 34: 107-111. Feb. 1944.
Describes types of voluntary insurance in operation in 1943. Urges closer cooperation between administrators of public health and health insurance. Importance of including preventive care in insurance plans.

133. SINAI, NATHAN, ANDERSON, ODIN W., AND DOLLAR, MELVIN L. Health insurance in the United States. New York Academy of Medicine, Committee on Medicine and the Changing Order. New York, The Commonwealth Fund. 1946. 115 pp.
Presents a history of the health insurance movement from 1910 to World War II. Includes chapters on attitudes of professional, governmental, and lay groups; on enabling legislation for voluntary plans; on characteristic features of voluntary plans; and on the problems of voluntary plans.

134. STASSEN, HAROLD E. A British prescription for American health. Reader's Digest 56: 113-118. Apr. 1950.
Proposes that Congress create a Federal Health Reinsurance Corporation to enable local Blue Cross and similar plans to extend their coverage to long illnesses. Outlines the provisions of the plans and the safeguards necessary to prevent abuses. Describes the British experience with free drugs and gives four "lessons" the United States should bear in mind.

135. STILLMAN, CALVIN W. Rural health and the Truman Plan. Jour. Farm Econ. 31: 391-408. Aug. 1949.
Discusses the need of rural people for modern medical care; the American Medical Association and its stand on health insurance, group practice, etc.; the extent of Blue Shield and Blue Cross coverage; methods of equalizing differences in medical purchasing power, that is, compulsory health insurance. Outlines the Truman Administration health bill by titles. Author favors this bill.

136. STRUNK, FREDERICK R. (Compiler.) An inventory of social and economic research in health. (Third Edition.) New York, Health Information Foundation. 1954. 180 pp.
Contains information on 279 projects obtained from mailed questionnaires. The studies are related to health facilities, health services, personnel and economic factors in the field of health, health practices, sociological factors, and mental health. The studies related to economic factors include some on health insurance and prepayment plans.

137. SWEEZY, MAXINE. Medical care for everbody? Washington, American Association of University Women. 1945. 38 pp.
Describes the medical care situation and points out the inadequacies of voluntary prepayment plans. Includes arguments for and against a Federal health insurance program.

138. THE SPECTATOR. Accident insurance register, 1951. Philadelphia, The Spectator. 1951. 64 pp.
Includes data on financial status, benefit payments, and other statistical facts regarding individual commercial insurance companies, and Blue Cross and Blue Shield plans.

139. TIME. The price of health: Two ways to pay for it. Time 55: 19-21. Feb. 20, 1950.

Presents figures on number of physicians, dentists, and hospital beds; on average yearly cost of medical care; and on coverage through voluntary plans. Describes how Blue Cross and Blue Shield plans work. Discusses the plan proposed by the Federal Security Administrator for compulsory health insurance and the stard of the American Medical Association.

140. U. S. CONGRESS. Hearings on S. 1106, S. 1456, S. 1581, and S. 1679 before Subcommittee of Senate Committee on Labor and Public Welfare. 81st Cong., 1st sess. and Hearings on H.R. 4312, H.R. 4313, H.R. 4918, and identical bills before Subcommittee of House Committee on Interstate and Foreign Commerce. 81st Cong., 1st sess. Washington, U. S. Govt. Print. Off. 1949.

Views of individuals and organizations testifying before congressional committees on the proposals for national health programs.

141. U. S. CONGRESS. HOUSE. COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE. Health inquiry (voluntary health insurance). Hearings before the Committee ... Parts 5, 6, and 7, 83d Cong., 1st and 2d sess. Washington, U. S. Govt. Print. Off. 1953. Pp. 1165-2564.

Part 5. Summarizes data compiled by the Health Insurance Council on extent and costs of accident and health coverage; describes group plans offered by a number of commercial insurance companies to give protection against medical and hospital expenses.

Part 6. Contains information about health plans submitted by many groups including the American Federation of Labor, Cooperative Health Federation of America, Group Health Association, Health Insurance Plan of Greater New York, International Association of Machinists, International Ladies' Garment Workers Union, and Kaiser Foundation.

Part 7. Additional information on available health plans and group insurance programs. Contains a bibliography on prepayment medical care programs and health insurance.

142. U. S. CONGRESS. SENATE. COMMITTEE ON EDUCATION AND LABOR. Medical care insurance. A social insurance program for personal health services. Senate Com. Print. No. 5.

79th Cong., 2d sess. Washington, U. S. Govt. Print. Off. 1946. 185 pp.

Estimates the costs of medical care and analyzes the problems involved in the application of social insurance principles in meeting these costs.

143. U. S. CONGRESS. SENATE. COMMITTEE ON LABOR AND PUBLIC WELFARE. Health insurance plans in the United States: Report of the Committee ... pursuant to S. Res. 273 and S. Res. 39. Rpt. 359 (in three parts) 82d Cong., 1st sess. Washington, U. S. Govt. Print. Off. 1951. 114 pp.

Part I summarizes findings and recommendations; number of persons having insurance; benefits; costs; medical costs and insurance protection; medical care insurance and the industrial, rural, and aged population; and the role of medical care insurance. Statistical data are given on number of persons covered, duplication of coverage, and regional differences in volume of insurance, pp. 25-36; medical costs and insurance protection, pp. 71-83. Rural insurance coverage is discussed on pp. 90-97, including estimates of rural coverage by different types of plans, views from farm groups, reports of recent studies and questions for further study.

Parts II and III take up information submitted by national reporting agencies for voluntary health insurance plans and governmental programs.

144. U. S. CONGRESS. SENATE. SUBCOMMITTEE ON WARTIME HEALTH AND EDUCATION. The experimental health program of the United States Department of Agriculture. Subcommittee Monograph 1. 79th Cong., 2d sess. Washington, U. S. Govt. Print. Off. 1946. 166 pp. (Prepared by U. S. Bureau of Agricultural Economics.)

During the early 1940's, the Department of Agriculture's Inter-bureau Committee on Postwar Programs administered experimental health plans to provide prepaid services in seven counties of the United States. This report describes in detail and reviews the experience of the seven groups. It draws conclusions concerning the adequacy of the program in meeting local needs, suggests measures for improvement, and draws out the wider implications of the program.

145. U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. DEPARTMENTAL LIBRARY. Fringe benefits; an annotated bibliography of selected references. Washington, the Department. 1954. 32 pp.

Includes section on health, medical, and welfare plans.

146. U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. SOCIAL SECURITY ADMIN., DIV. RES. AND STATIS. Voluntary insurance against sickness: 1948-52 estimates. Social Security Bull. 16: 7-13. Dec. 1953.

The fifth in a series of articles analyzing the annual costs of sickness and the extent of voluntary insurance against these costs. Data show the continued growth of voluntary health insurance, measured in dollar volume, and an accelerated increase in the percentage of sickness costs met by insurance but also that voluntary health insurance provides only relatively small proportions of the insurance protection needed against the costs of illness in the United States.

147. U. S. FEDERAL SECURITY AGENCY. SOCIAL SECURITY ADMINISTRATION. Some basic readings in Social Security; 1950 supplement. Pub. 28. Washington, U. S. Govt. Print. Off. 1950. 55 pp.

Includes an annotated bibliography on health insurance and medical care under headings of medical economics, prepayment hospital and medical care plans, and health insurance. Also gives references to British and other foreign systems.

148. VAN STEENWYK, E. A. Voluntary plans can do the job. Modern Hospital 72: 85-86. Mar. 1949.

Suggests the following program: (1) Increased appropriations under the Hospital Construction Act, (2) Federal aid to meet shortage of health personnel, (3) creation of local hospital and medical authorities, (4) Federal grants-in-aid to the States for the indigent, (5) issuance by the Blue Cross of cards to all who are certified as indigent by the authority, (6) granting of payroll deductions by the Federal Government to its employees. Gives reasons for considering voluntary nonprofit health insurance better than compulsory.

149. VOORHIS, JERRY. Voluntary health insurance on the national scene; group health cooperatives. Amer. Jour. Public Health 40: 268-273. Mar. 1950.

Discusses the principles and objectives of group health cooperatives and the problems involved in establishing cooperative health insurance plans.

150. WEINERMAN, E. RICHARD. Appraisal of medical care programs. Amer. Jour. Public Health 40: 1129-1134. Sept. 1950.

Suggests overall evaluation of a program in relation to extent to which needed services are provided within range of ability of families to pay; quality of these services; freedom of experimentation and change permitted; and other factors.

151. WEINERMAN, E. RICHARD. The quality of medical care. In Annals of the American Academy of Political and Social Science 273: 184-191. Philadelphia, The Academy. Jan. 1951.

Discusses five essentials for a high quality of service in an organized medical care plan as follows: (1) An adequate supply of personnel and facilities, (2) an effective co-ordination of these resources, (3) a comprehensive and balanced scope of service, (4) an efficient administrative and financial organization, and (5) a positive motivation on the part of the personnel involved.

152. WEISSMAN, ARTHUR. A morbidity study of the Permanente Health Plan population. I. Preliminary Report. Permanente Foundation Med. Bull. 9: 1-17. Jan. 1951. II. Comparison of utilization and morbidity data with experience of other population groups. Permanente Foundation Med. Bull. 10: 12-26. Aug. 1952.

The first report contains data from a 10 percent sample of the health plan membership on (1) the composition of the plan population, in terms of age, sex, and other characteristics; (2) illnesses brought to medical attention; and (3) utilization of health plan services. The second report gives data on utilization of services and on morbidity for the 10 percent sample of the health plan membership compared with data for other population groups.

153. WIPRUD, THEODORE, AND ALTMAN, ISIDORE. Costs of hospitalized acute illness. Jour. Amer. Med. Assn. 144: 835-839. Nov. 4, 1950.

Summarizes data on 1,796 private patients in general and allied special hospitals in Washington, D. C. during November and December 1949 and January 1950. Found that 70 percent had some form of voluntary insurance - more than half were members of Group Hospitalization, Inc. Members of Group Hospitalization, including those who belonged to Medical Service, had all but 12 percent of their hospital charges paid through insurance; the Medical Service Plan met 61 percent of the charges of those who had obstetric or surgical care.

II. RURAL

154. AMERICAN HOSPITAL ASSOCIATION, HOSPITAL SERVICE PLAN COMMISSION. Survey shows upward trend in rural enrollment. Blue Cross Bull. 7: 2. Aug. 1944.

A survey of 17 Blue Cross plans representing a cross-section of the United States showed that: (1) Farmers and their families are equally as interested in Blue Cross protection as residents of urban areas; (2) previously existing groups are more economical as the basis for enrollment than direct contact with the individual families; (3) problems of subscription payments are equally as important as those of obtaining applications, both with respect to bookkeeping and the avoidance of cancellations; (4) much rural enrollment activity still partakes of the nature of missionary work, because of the traditional hesitance of farm families to use hospital care except for severe illnesses; (5) existing economic groups (bureaus, granges, unions, cooperatives) are useful as educational channels as well as centers of enrollment.

155. AMERICAN MEDICAL ASSOCIATION, COMMITTEE ON RURAL HEALTH. Sixth national conference on rural health. Memphis. Feb. 23-24, 1951. Chicago. 1951. 48 pp.

The community approach to health problems was emphasized at this conference. Health programs in 400 small communities were summarized. The projects undertaken included obtaining a hospital or local health department, organizing a consumer-sponsored prepayment health plan, and securing medical or other personnel.

156. AMERICAN MEDICAL ASSOCIATION, COUNCIL ON RURAL HEALTH. Ninth national conference on rural health. Dallas, Tex. Mar. 4-6, 1954. Chicago. 1954. 62 pp.
Includes a discussion of voluntary health insurance. Earlier annual reports also contain information on financing medical care through insurance.

157. ANDERSON, ELIN L. Adequate medical care for rural families. Jour. Home Econ. 36: 397-400. Sept. 1944.
Describes briefly several community health projects in Nebraska which include prepayment plans. Urges greater cooperation between physicians and other health workers in developing prepayment plans which provide preventive as well as curative medicine.

158. ANDERSON, ELIN L. Public policy on health affecting rural people. Washington, U. S. Ext. Serv. 1949. 11 pp.
Outlines provisions for medical care obtained in four major health bills and indicates choices facing rural people in formulating a public policy on a health program.

159. ANDERSON, ELIN L. Rural health and social policy. Private Printing. Chevy Chase, Md. 1951. 31 pp.
A memorial publication containing tributes to Miss Anderson's work in rural health together with selections from her writings. These extracts emphasize her concern for a well-rounded rural-health program, including health insurance, based on the cooperation of national, State, and local agencies.

160. BIRD, BEDFORD W., AND REUSS, CARL F. Prepaid health insurance for farm families. Wash. Agr. Expt. Sta. Ext. Bull. 316. Pullman. 1945. 11 pp.
Outlines advantages and disadvantages of a voluntary versus a compulsory approach to health insurance. Lists questions and principles to consider.

161. BOWLES, C. E. Lamb County pioneers in health co-op. Progressive Farmers, Texas ed. 53: 9. July 1943.
The story of the South Plains Cooperative Hospital Association at Amherst in Lamb County, Tex.

162. BRIGHT, MARGARET L., AND HAY, DONALD G. Health resources and their use by rural people: Ulster County. Cornell Univ. Dept. Rural Sociol. Mimeo. Bull. 32. Ithaca. 1952. 30 pp. (U. S. Bur. Agr. Econ. cooperating.)

Information obtained by interviews with 264 rural households (906 persons) in late 1951 and early 1952 in all rural portions of the county. Answers were obtained to the following questions: What health services and facilities are available to rural people of Ulster County? What services and facilities do rural people use? What health practices do rural people follow? Who had health insurance and what types of health insurance were carried? What do they think about the health and medical services available to them?

163. BUIE, LOUIS A. Voluntary prepayment medical care and its rural aspects. Minn. Medicine 30: 382-385. Apr. 1947.

Discusses prepayment for medical and hospital care and its application in rural areas. Describes the Weld County, Colo., Agricultural Health Association's Blue Cross enrollment campaign.

164. BUTZ, VERLO. Here's a hospital for your community. Successful farming 46: 26-27, 70, 72. May 1948.

People from several northwestern Oklahoma counties formed a cooperative to build a community hospital at Mooreland.

165. CALIFORNIA FARM BUREAU FEDERATION. Farm Bureau health program; hospitalization, surgical and medical care benefits. Berkeley. 1946. 15 pp.

Explains plan of the California Farm Bureau Federation which has arranged with insurance companies for health care for its members, and for their employees, upon an indemnity basis.

166. CARTER, HODDING. He's doing something about the race problem. Saturday Evening Post 218: 30-31, 64, 66, 69. Feb. 23, 1946.

A modern clinic and hospital were part of a community development program in the all-Negro community of Mound Bayou, Miss. Prepaid services are available through an insurance plan sponsored by a fraternal organization.

167. CLINTON COUNTY HEALTH COUNCIL. Clinton County health survey. Wilmington, Ohio. 1950. 32 pp.
Presents findings and recommendations of a community house-to-house survey made by a county health council. Includes percentage of families with hospital insurance.

168. COLUMBIANA COUNTY RURAL HEALTH COUNCIL. You and your neighbor. Columbiana County health survey. Ohio Agr. Ext. Serv. Ext. Bull. 307. Columbus. 1949. 23 pp.
Reports findings and recommendations of community self-survey sponsored by county health council. Also outlines proposed activities and agencies which have accepted major responsibility for seeing that these activities are carried out. About 40 percent of the families interviewed carried some form of prepaid hospital insurance.

169. CONNOR, RUTH M., AND MATHER, WILLIAM G. The use of health services in two northern Pennsylvania communities. Pa. Agr. Expt. Sta. Bull. 517. State College, Pa. 1949. 45 pp.
Reports effects of various factors on use of medical, dental, and hospital services and use of health insurance in two communities, showing differences between rural families and those in small urban centers. Factors reported upon include distance from service, age, educational level, income, and habits of self-medication. Relates expenditures for medical care to family income and shows uneven distribution of families according to costs of medical care.

170. DEERING, FERDIE J. Debates and taxes won't assure good health for your family. Farmer-Stockman 56: 10-11, 64, 68. Jan. 1953.
Recommends formation of local health councils to bring together representatives from all interested groups--doctors, nurses, teachers, housewives, businessmen, farmers, and workers. Comments on need for greater cooperation in solving problems of increasing cost of hospital and medical service, shortage of doctors, and methods of prepayment.

171. DES MOINES REGISTER, EDITORIAL. Hospital plans for rural Iowa. The Nation's Agriculture 21: 19. Sept. 1946.

The Iowa Farm Bureau Federation organized 52 county Health Improvement Associations incorporated under the Iowa law as nonprofit corporations "to promote, assist, organize, and foster group activities relating to improved health and education." They were first organized to get rural people into groups which would make them eligible for Blue Cross group hospital insurance but some have branched out into other services - three have a supplementary surgical service plan offered by the medical associations to insure against doctors' bills for surgery and obstetrics.

172. ELLICKSON, JOHN C., AND BOTTS, RALPH R. Insurance for farmers at more moderate rates. Agricultural situation 37: 7-8. Jan. 1953.

Suggests how insurance costs might be reduced by the use of deductible policies.

173. FARM FOUNDATION. Medical care and health services for rural people. Report prepared as result of Conference, April 11-13, 1944. Chicago. 1944. 225 pp.

Representatives of farm organizations, official agencies, and other interested groups participated in this conference called by the Farm Foundation. Discussions covered rural problems, essentials of rural health services, and plans and proposals for developing an integrated health service for all the people. Includes discussion of local prepayment plans (Thedford, Nebr., and others), as well as a general discussion of prepayment.

174. FENSTER, JEAN. For health's sake; Weld County is pushing a thorough, many-sided program. Colo. Rancher and Farmer 6: 1, 16. Jan. 12, 1952.

The County Agricultural Planning Committee started the hospital fund project, making possible a 220-bed hospital (Weld County) which will serve much of northeastern Colorado. It also organized the Weld County Health Association which has made Blue Cross available to farmers. Over 16,000 members in Weld County now have Blue Cross. Their organization was used as a pattern to set up 23 other such organizations in Colorado, which were not as successful. At present, there is no other county in Colorado where farmers can get Blue Cross on a group basis.

175. FOLSOM, JOSIAH C. (Compiler.) Social Security and related insurance for farm people. An annotated bibliography of selected references. U. S. Dept. Agr. Library List 50. Washington. 1949. 25 pp.

Includes references on rural health needs and resources, health insurance and prepaid health services, and opinions regarding national health-insurance proposals.

176. GALLOWAY, ROBERT E., AND KAUFMAN, HAROLD F. Health practices in Choctaw County. Miss. Agr. Expt. Sta. Sociol. and Rural Life Series 2. State College, Miss. 1950. 13 pp. (U. S. Bur. Agr. Econ. cooperating.)

Reports on use of doctors, dentists, hospitals, and public health services, and on other practices to prevent or cure disease followed by people in Choctaw County. A brief inventory of available health resources is given and sources from which families obtained health information are listed. Use of selected medical services is related to living standards, sex, age, occupation, and distance to service. The percentage of families carrying health insurance is included.

177. GALLOWAY, ROBERT E., AND KAUFMAN, HAROLD F. Health practices of rural people in Lee County. Miss. Agr. Expt. Sta. Sociol. and Rural Life Series 1. State College, Miss. 1950. 13 pp. (U. S. Bur. Agr. Econ. cooperating.)

(See annotation for similar report for Choctaw County.)

178. GALLOWAY, ROBERT E., AND KAUFMAN, HAROLD F. Use of hospitals by rural people in four Mississippi counties. Miss. Agr. Expt. Sta. Cir. 174. State College, Miss. 1952. 11 pp.

Reports on the extent to which rural people use hospitals and the factors influencing their use based on data summarized from county studies in Choctaw, Lee, Bolivar, and Forrest Counties. Factors considered include socioeconomic standing, race, age, sex, occupation, distance to the hospital, and the possession of hospital insurance.

179. GALLOWAY, ROBERT E., AND LOFTIN, MARION T. Health practices of rural Negroes in Bolivar County. Miss. Agr. Expt. Sta. Sociol. and Rural Life Series 3. State College, Miss. 1951. 14 pp. (U. S. Bur. Agr. Econ. cooperating.)

(See annotation for similar report for Choctaw County. This report, however, is limited to the Negro population of Bolivar County.)

180. GALLOWAY, ROBERT E., AND LOFTIN, MARION T. Health practices of rural people in Forrest County. Miss. Agr. Expt. Sta. Sociol. and Rural Life Series 4. State College, Miss. 1951. 14 pp. (U. S. Bur. Agr. Econ. cooperating.)
(See annotation for similar report for Choctaw County.)

181. GARNETT, W. E. Forward steps in Virginia rural health and medical care. Va. Agr. Expt. Sta. Rural Sociol. Mimeo. Rpt. 29. Blacksburg. 1944. 12 pp.
Recommendations include hospitalization plans for lower income groups, extension of prepayment hospital and medical care plans, and sponsorship of such plans by organized farmer groups.

182. GARNETT, W. E. Medical care for country folk. Va. Agr. Expt. Sta. Rural Sociol. Rpt. 75. Blacksburg. 1949. 36 pp.
Considers needs of rural people for more adequate medical care and possible adjustments to adapt the present medical-care system to rural needs. Appendix includes (1) "Yardsticks for Insurance Plans," (2) arguments for and against national health insurance and other extensions of Government responsibility and aid for health and medical care, and (3) suggestions for health councils.

183. GATES, AUBREY D. Health - what are Extension's responsibilities? (Summary.) Association of Land-Grant Colleges and Universities. Proceedings of the Sixty-fifth annual convention, Houston, Tex. Nov. 13-15, 1951.
The Extension Service can help people practice health measures and lower the requirements for medical care. A complete health program includes (1) adequate nutrition, (2) sanitation, (3) immunization against preventable diseases, (4) adequate medical care, (5) adequate and properly located hospitals, and (6) some type of voluntary prepaid program.

184. HAY, DONALD G., AND BRIGHT, MARGARET L. Health resources and their use by rural people in Clinton County, New York, 1951. Cornell Univ. Dept. Rural Sociol. Mimeo. Bull. 33. Ithaca. 1952. 31 pp. (U. S. Bur. Agr. Econ. cooperating.)

Information obtained by interviews with 213 rural households (890 persons) in late 1951. The report contains data on the use of health resources--physicians, dentists, hospitals, public health services, and others--knowledge about school and public health services, use of health insurance, and the characteristics of the households studied.

185. HAY, DONALD G., AND LARSON, OLAF F. Medical and health care resources available in Chautauqua County, New York, 1950. Cornell Univ. Dept. Rural Sociol. Mimeo. Bull. 29. Ithaca. 1952. 44 pp. (U. S. Bur. Agr. Econ. cooperating.)
(See annotation for similar report for Cortland County. This report also contains data regarding use of services.)

186. HAY, DONALD G., AND LARSON, OLAF F. Medical and health care resources available in Cortland County, New York, 1949. Cornell Univ. Dept. Rural Sociol. Mimeo. Bull. 24. Ithaca. 1950. 28 pp. (U. S. Bur. Agr. Econ. cooperating.)
Lists and briefly describes the medical and health care services available in Cortland County at the time of the study; shows the distribution and interrelationships of services by communities within the county. Includes medical-care personnel and facilities and the organized activities of voluntary and official agencies including health care insurance organizations. Among the voluntary agencies are groups such as the county farm bureau and 4-H Clubs in which health is one among many interests.

187. HAY, DONALD G., AND LARSON, OLAF F. Medical and health care resources available in Livingston County, New York, 1950. Cornell Univ. Dept. Rural Sociol. Mimeo. Bull. 30. Ithaca. 1952. 43 pp. (U. S. Bur. Agr. Econ. cooperating.)
(See annotation for similar report for Chautauqua County.)

188. HAY, DONALD G., AND LARSON, OLAF F. Medical and health care resources available in Oswego County, New York, 1949. Cornell Univ. Dept. Rural Sociol. Mimeo. Bull. 25. Ithaca. 1950. 28 pp. (U. S. Bur. Agr. Econ. cooperating.)
(See annotation for similar report for Cortland County.)

189. HAY, DONALD G., AND LARSON, OLAF F. Use of health resources by rural people in two western New York counties, 1950. Cornell Univ. Dept. Rural Sociol. Mimeo Bull. 31. Ithaca. 1952. 38 pp. (U. S. Bur. Agr. Econ. cooperating.)

The use rural people make of health care resources and factors affecting use of these resources in two western New York counties are reported upon in a manner similar to an earlier report by Larson and Hay for two central New York counties.

190. HEALTH INFORMATION FOUNDATION. Progress in health services. New York.

A bulletin issued periodically by the Foundation. Provides information about community efforts for health improvement including enrollment in voluntary health insurance plans. Some issues are concerned with such efforts in rural communities.

191. HOFFER, CHARLES R. Health and health services for Michigan farm families. Mich. Agr. Expt. Sta. Spec. Bull. 352. East Lansing, 1948. 54 pp.

Five major problems are considered: Extent of need for medical attention among farm families, availability of medical, dental, and hospital facilities for a selected sample, practices regarding use of available medical services, approximate cost of services and method used to pay costs. Opinions regarding insurance revealed that 70 percent favored hospital insurance but only 14 percent thought a prepayment plan for doctors' fees was a good idea. The study is based on a carefully selected sample of 306 farm families in typical areas of Michigan.

192. HOFFER, CHARLES R., GIBSON, DUANE L., LOOMIS, CHARLES P., MILLER, PAUL A., SCHULER, EDGAR A., AND THADEN, JOHN F. Health needs and health care in Michigan. Mich. Agr. Expt. Sta. Spec. Bull. 365. East Lansing. 1950. 94 pp.

A Statewide survey of incidence of illness, extent of unmet need for medical care, use of health and medical services including insurance, and opinions and practices regarding health services. The appendix indicates methods and some specific results of the study. Among the factors found to be related to unmet medical need are income, education, distance to service, and size of population of the medical-service area. Rural-urban comparisons are made.

193. HOFFER, CHARLES R., AND JANE, CLARENCE. Health needs and health care in two selected Michigan communities. Mich. Agr. Expt. Sta. Spec. Bull. 377. East Lansing. 1952. 30 pp.

This is the third report dealing with the Michigan Health Survey. Part I was a statement of the health conditions in Michigan (Spec. Bull. 365); Part II analyzed the distribution of doctors and osteopaths in Michigan communities (Spec. Bull. 370). This study compares health conditions in Tecumseh, Lenawee County, which is well supplied with health facilities, with those in Pellston, Emmet County, which is at a relative disadvantage with respect to health facilities. It analyzes health needs, use of medical services, expenditures for medical care, and attitudes regarding prepayment plans.

194. HUMPHREYS, GERTRUDE. Report of rural health survey in Roane County. W. Va. Med. Jour. 46: 317-321. Nov. 1950.

Presents the findings of an opinion survey of 300 rural families regarding existing health and medical-care facilities and services and the health problems and needs of local people. Answers to questions regarding enrollment of the family in prepayment plans show only a small coverage of the rural families of the county and a great lack of information about the plans available.

195. JOHNSTON, HELEN L. Cooperation for rural health. U. S. Farm Credit Admin. Misc. Rpt. 123. Washington. 1948. 55 pp.

Reviews general activities for health improvement carried on by farmers' cooperatives during 1945-47. Outlines three systems of prepayment which they have sponsored. Finally, makes some suggestions for interested groups in rural areas where little, if anything, has yet been done.

196. JOHNSTON, HELEN L. Rural health cooperatives. Washington, Farm Credit Admin. and Public Health Serv. (FCA Bull. 60 and PHS Bull. 308.) 1950. 93 pp.

Summarizes experience of 48 of the 101 rural health cooperatives of record up to mid-1949. Includes information regarding their organization and operation and their past and current problems. Appendix includes sample articles and bylaws, memorandum of agreement with physician,

application for membership, twenty principles listed by the American Medical Association for lay-sponsored voluntary health plans, and guide for member plans established by the Cooperative Health Federation.

197. JOHNSTON, HELEN L., AND MANNY, ELSIE S. (Compilers.) Rural health: Annotated list of selected references (Revised). U. S. Dept. Agr. Library List 60. U. S. Dept. Agr. (U. S. Public Health Serv. cooperating.) June 1953. 83 pp.
Contains 441 references on many aspects of rural health including health insurance.

198. LANTIS, MARGARET, HANGER, M. R., AND WOODS, PHILIP W. The Farm Security Administration dental program of Randolph County, Georgia. Washington. Farm Security Admin. and U. S. Bur. Agr. Econ. 1945. 14 pp.
Covers the activities of dental prepayment plans among rural families.

199. LARSON, GUS. Farmers can have better health services. Country Gentleman 115: 14, 70, 72-73. Oct. 1945.
Reports on ways in which farmers are getting health protection through hospital and surgical prepayment plans, cooperative hospital and medical facilities, health centers, and clinics.

200. LARSON, OLAF F., AND HAY, DONALD G. Use of health resources by rural people in two central New York counties, 1949. Cornell Univ. Dept. Rural Sociol. Mimeo. Bull. 27. Ithaca. 1951. 45 pp. (U. S. Bur. Agr. Econ. cooperating.)
Two central New York counties were used as a laboratory for study of the use rural people make of health services available to them including physicians, dentists, hospitals, school health services, public health services, and health insurance. The study also includes data regarding the information rural people have about available health resources, sources of information, their opinions about health services and their availability, and factors affecting their use of health services. An inventory of resources available within the two counties is included.

201. LIVELY, CHARLES E. Rural health and medical service in Missouri. Columbia, Mo. Agr. Expt. Sta. 1943. 16 pp. and appendix.

Reports on survey of incidence of illness among the open-country population of Missouri. Includes data on expenditures for medical care. Recommends programs for meeting rural health needs, including some form of subsidy to those who cannot otherwise meet the costs of care. Suggests that this might be done through subsidies to group health associations or some other group plan of financing.

202. LOCKE, JOSEPH H. (Compiler.) Community organization for health--selected references. Sponsored by Farm Foundation, Chicago, and compiled under direction of committee of Social Research Service, Mich. State College. East Lansing. 1950. 22 pp.
A reading list focused on national, State, and local community efforts to deal with needs for hospitals, public health units, and prepayment. The subject of community organization in general is taken up from the point of view of health improvement. Many rural references are included.

203. MANGUS, ARTHUR R. Voluntary health insurance plans and their application in rural areas. Columbus, Ohio Agr. Expt. Sta. 1943. 35 pp.
An appraisal of voluntary plans including (1) State or County Medical Society Plans, (2) private medical group plans, (3) consumer-sponsored plans, (4) Farm Security Administration plans, (5) U. S. Department of Agriculture experimental health program, and (6) hospitalization insurance.

204. MATHER, W. G. The use of health services in two southern Pennsylvania communities. Pa. Agr. Expt. Sta. Bull. 504. State College, Pa. 1948. 38 pp.
With the aim of studying the use of health services in the normal community, two communities in southern Pennsylvania were selected for study. The communities differed in that one had a hospital at the main urban center and the other did not. The study reports the effects of various factors on use of medical, dental, and hospital services and use of health insurance showing differences between rural families and those in urban centers.

205. MAYO, SELZ C. Negro hospital and medical care facilities in North Carolina. N. C. Agr. Expt. Sta. Prog. Rpt. RS-5. Raleigh. 1945. 20 pp.

Analysis of existing medical care services and facilities for Negroes with recommendations for more adequate medical care, the training of Negro medical personnel and leaders to carry out health programs, and an adequate system of payment for care. Includes comparisons of the availability of services and health status for the white and the nonwhite population of North Carolina.

206. MAYO, SELZ C., AND FULLERTON, KIE SEBASTIAN. Medical care in Greene County. N. C. Agr. Exp. Sta. Bull. 363. Raleigh. 1948. 31 pp.

Reports on findings of a study in a North Carolina county to determine what medical personnel and facilities were available; the extent to which these were used; and the extent of unmet need for medical attention. Factors associated with use of service include race, occupation, sex, distance, and income. The cost of hospitalization, method of payment, and percentage having prepayment plans are given. Attitudes toward proposals for use of Federal funds to aid in improvement of services are summarized.

207. McKAIN, WALTER C., Jr., BALDWIN, ELMER D., AND DUCOFF, LOUIS J. Old age and retirement in rural Connecticut. 2: Economic security of farm operators and farm laborers. Conn. Agr. Expt. Sta. Bull. 299. (U. S. Dept. Agr. cooperating.) Storrs. June 1953. 51 pp.

Gives health and accident insurance held by commercial farm operators, by age of operator, for the two nonmetropolitan economic areas of the State.

208. McNAMARA, ROBERT L., AND MANGUS, ARTHUR R. Prepayment medical care plans for low income farmers in Ohio. Ohio Agr. Expt. Sta. Bull. 653. Wooster. 1944. 29 pp.

Based on a study of the operating experience of Farm Security Administration medical-care plans in five southern Ohio counties.

209. MOTT, FREDERICK D. A public health program for rural areas. Public Health Reports 61: 589-598. Apr. 26, 1946.

Points out health achievements in rural areas compared with those in urban areas. Discusses the inadequacies of voluntary prepayment plans in rural areas and

recommends pooling of national resources to tackle the rural-health problem.

210. MOTT, FREDERICK D., AND ROEMER, MILTON I. Rural health and medical care. New York, McGraw-Hill Book Co. 1948. 608 pp.

Problems of health in the rural setting are discussed, along with the social and economic reasons underlying these problems and possible changes that might remove the divergence between rural and urban areas in volume and quality of health services. The book contains material on all aspects of rural health and medical care--sickness and disability among rural people, availability of services, services used and their cost, special programs to improve rural health conducted by official and by voluntary agencies including insurance programs, and possibilities for the future.

211. NATION'S AGRICULTURE. Blue Cross in Kentucky. The Nation's Agriculture 20: 6, 10. Dec. 1945.

The Kentucky Farm Bureau has entered into contracts with Blue Cross organizations to provide low-cost hospitalization insurance for their members. Although the campaign has been open only a month, about 4,000 members have applied for coverage. Plans are being made to increase hospital facilities and to provide low-cost surgical care including obstetrics.

212. NORTH CAROLINA COMMITTEE ON HOSPITALS AND MEDICAL CARE FOR RURAL PEOPLE. Medical care and hospital facilities for rural people in North Carolina. Raleigh, N. C. State College. 1944. 10 pp.

A summary report and recommendations submitted to The Governor's Commission on Hospitals and Medical Care. The report emphasizes the need for: (1) Trained medical personnel to serve in rural areas, (2) rural hospitals and other medical facilities, (3) extension of prepayment plans for medical care, and (4) preventive and educational services. Recommendations include: (1) State-supported 4-year medical school with loan funds for rural medical students, (2) the building of hospitals and health centers, (3) encouragement of group medical-care plans with additional help for indigent and low-income families, (4) the establishment of a State Hospital and Medical Care Commission.

213. OGDEN, J. C. Medical care in the country. Va. Univ. Ext. Div. Pub. New Dominion Series 77. Charlottesville. Feb. 1, 1946. 106 pp.

A description of the hospitalization and medical care programs in rural Southampton County, Va., where the project was started by a country doctor whose aim was: "A better and wider distribution of good medical and hospital care to all the people of a country district, regardless of color, creed, or economic station in life." A prepaid medical care plan covers about 1,000 workers and their families. These workers, like other residents in the county, may have Blue Cross hospitalization insurance since subscribers are accepted with the county as the group base. More than 5,000 residents of both races are enrolled.

214. OGDEN, JEAN AND JESS. Five years later - and how they grew. Va. Univ. Ext. Div. Bull. New Dominion Series 100. Charlottesville. Oct. 1948. pp. 1-4.

Reports on progress of the prepayment plan for medical care operating in Ravenscroft, Tenn. The Cooperative Health Association, formed in 1946 on Rochdale principles, is continuing to bring medical care to its members and their families.

215. PAXTON, IDA M. Health in the Sandhills. Amer. Jour. Nursing 44: 645-648. July 1944.

Reports on development and activities of a health association formed in a sparsely settled area of northwestern Nebraska.

216. PENNOCK, JEAN L., BREW, MARGARET L., AND TILLINGHAST, ROSE C. Farm family spending and saving in Illinois with a comparison of survey and home-accounts data. U. S. Dept. Agr. Inf. Bull. 101. Washington. May 1954. 92 pp.

Includes expenditures of Illinois farm-operator families and single farm operators in 1946 for medical care; showing percentage of consumer units having expenditures and average amounts spent, by type of consumer unit and income. Includes insurance expenditures.

217. POE, WILLIAM D. The crusade for good health. Prog. Farmer, Carolinas-Va. Ed. 68: 16, 73. Jan. 1953.

Health progress in North Carolina including Haywood County where 26 organized communities enrolled 1,550 of the county's total of 3,000 farm families in Blue Cross hospital insurance and helped promote a 100-bed addition to the Waynesville Hospital.

218. REAGAN, BARBARA B., AND GROSSMAN, EVELYN. Rural levels of living in Lee and Jones Counties, Mississippi, 1945. U. S. Dept. Agr. Inf. Bull. 41. 1951. 164 pp.

Survey of 1,200 representative rural farm and nonfarm families and single consumers living in two Mississippi counties. Family living expenditures, including total costs of medical care are reported upon for farm and rural nonfarm persons and consumer units according to income, race, and occupation. Amounts spent for medical care by type of expenditure including prepayment for medical care are given by income for farm and rural nonfarm units.

219. ROEMER, MILTON I. Approaches to the rural doctor shortage. (With special reference to the South.) Rural Sociology 16: 137-147. June 1951.

Gives reasons for the shortage of rural doctors and describes various corrective measures. Suggests that "To solve the problem effectively there are needs for (1) more doctors nationally; (2) more rural facilities; (3) adequate financial support for medical services through insurance and taxation; and (4) other minor local inducements."

220. ROEMER, MILTON I. Rural programs of medical care. In Annals of the American Academy of Political and Social Science 273: 160-168. Philadelphia, The Academy. Jan. 1951.

Describes need in rural areas for medical personnel and facilities and efforts to meet this need through prepayment plans.

221. ROSENFELD, LEONARD S., MOTT, FREDERICK D., AND TAYLOR, MALCOLM G. Health services for the aging in Saskatchewan. In Illness and health services in an aging population. U. S. Public Health Serv. Pub. 170. Washington. 1952. pp. 51-68.

This article points out that "Distance and climate are important factors in shaping the utilization of medical facilities ...." Presents data on hospitalization under the

Saskatchewan Service Plan during 1950 by age, sex, and cause of illness. Also reports on use of medical care under the Swift Current medical-care program during 1949.

222. ROSKELLEY, R. W. The rural citizen and medical care. Wash. Agr. Expt. Sta. Bull. 495. Pullman. 1947. 16 pp.

Summarizes answers given by nearly 600 representative rural families to questions about the use of medical care and method of payment. The answers were related to size of farm operations of responding families. Data are summarized regarding immunizations and physical and dental checkups obtained by family members during the last year and during the last 5 years. Health needs listed by families are also tabulated.

223. SEWELL, WILLIAM H., RAMSEY, CHARLES E., AND DUCOFF, LOUIS J. Farmers conceptions and plans for economic security in old age. Wis. Agr. Expt. Sta. Res. Bull. 182. (U. S. Bur. Agr. Econ. cooperating.) Madison. Sept. 1953. 23 pp.

Contains data on health insurance carried by 658 farm operators in two economic areas of Wisconsin by type of insurance, age of operator, and economic area. Accident insurance is shown by age of operator and economic area.

224. SINAI, NATHAN, AND PATON, DOROTHY ELIZABETH. Hospitalization of the people of two counties. Bur. Pub. Health Economics: Res. Series 6. Ann Arbor, Univ. of Mich. School Pub. Health. 1949. 91 pp.

Two typical rural counties were chosen for careful analysis of their hospitalization experience, factors affecting hospital use and choice of hospital, and hospital charges, and sources of payment from 1940 to 1945. Hospitalization experience is shown by residence, age, sex, types of illness, hospital days per case and per 1,000 population, and other breakdowns. Out-county hospitalization is compared with in-county hospitalization by years and type of case. An increase in hospitalized cases paralleled growth in Blue Cross enrollment.

225. SLEDGE, WILMA B. The Mississippi F. B. health program. Nation's Agriculture 21: 6, 17, 18. Apr. 1946.

Following a survey of hospital and other medical facilities and of the symptoms and needs of the people, a six-point legislative program was supported by the Mississippi Farm Bureau. This included (1) a hospital-building program, (2) a 4-year medical school, (3) help for both white and Negro students to obtain dental training outside the State and return to practice (no dental college in State), (4) help for Negro students to obtain medical training outside the State and return to practice, (5)promotion of health centers in all counties, and (6) promotion of prepayment.

226. SMITH, HAROLD E. Health and medical care practices of rural families in three Indiana counties, 1950. Ind. Agr. Expt. Sta. Mimeo. EC-69. Lafayette. 1952. 21 pp.

Data on use of and opinions about selected health practices, including use of hospitalization insurance, for approximately 200 representative rural families. The trend toward greater use of the prepayment principle for paying hospital costs was in evidence in each of the 3 counties of the study. The extent of use of hospitalization insurance varied from 1 family out of 4 in Orange County to 2 out of 5 in Hendricks.

227. TATE, LELAND B. The health and medical-care situation in rural Virginia. Va. Agr. Expt. Sta. Bull. 363. Blacksburg. 1944. 51 pp.

A general view of rural Virginia's health and medical-care situation, including incidence of illness and disability, medical-care facilities and personnel available to rural Virginians as compared with those in urban areas, expenditure for medical care, enrollment in prepayment plans, and possible alternatives for the future. Describes various prepayment and insurance plans for hospital, surgical, and medical care operating in Virginia with information about their costs, services, and limitations. Most plans do not cover the charges of general practitioners and specialists. Among the recommendations is one for development of a plan for hospitalization adapted to the needs of lower income groups and extension of prepayment.

228. TAYLOR, ALVA W. Insurance for medical care. Mountain Life and Work 18: 5-13. Summer 1942.

A plea for a plan of health insurance which emphasizes the prevention of illness.

229. TAYLOR, CARL C., AND OTHERS. Rural life in the United States. New York, Alfred A. Knopf. 1949. 549 pp. (See Chapter 9, Rural Health, pp. 157-177, by Douglas Ensminger and T. Wilson Longmore.)

Presents health problems and programs in the rural setting. Contains information on health status and services, expenditures for medical care and medical-care plans, including prepayment plans of the health program of the Farm Security Administration and in health associations established by the U. S. Department of Agriculture.

230. U. S. BUREAU OF HUMAN NUTRITION AND HOME ECONOMICS. Rural family living charts. Prepared for 1952 Outlook Conference. Washington. 1951. 76 pp.

Spending trends of selected farm families and all consumers in the United States, 1940 to 1950, are shown in tabular and chart form. Expenditures include medical care. National data on health insurance coverage are also given. In 1950, 50 percent of the population had some type of health insurance which covered about 12 percent of the total medical bill. Hospital and surgical insurance was carried by 21 percent; hospital only, by 15 percent; and relatively comprehensive coverage by only 3 percent.

231. U. S. DEPARTMENT OF AGRICULTURE. Better health for rural America. U. S. Dept. Agr. Misc. Pub. 573. 1945. 34 pp.

Discusses rural needs for health personnel and facilities. Describes various plans to improve health services for rural people including prepayment plans. Outlines what needs to be done for rural communities to achieve their health objectives.

232. U. S. EXTENSION SERVICE. The road to better rural health. Summary of a conference of extension health education specialists at Denver, Mar. 2-5. Washington. 1952. 38 pp.

Outlines some of the duties and responsibilities of extension health education specialists. Reports on health studies, surveys, prepayment plans, recruitment of nurses, organization of State health committees, and local health councils.

233. WATROUS, ROBERTA C., AND McNEILL, JOHN M. (Compilers.) **Rural** community organization, a list of references. U. S. Dept. Agr. Library List, 46. 1949. 51 pp.
Includes references showing ways in which rural people work together toward the objective of better health for themselves and their communities.

234. WINTERS, S. R. Voluntary hospital insurance develops as outgrowth of community improvement. Ext. Serv. Rev. 24: 118-119. June 1953.
A community group hospital and surgical insurance plan, growing out of a community development program, included 26 rural communities in Haywood County, N. C. The people of each community decided whether they would adopt the plan - 75 percent support was required for participation.

235. YOUNG, LOUIS A. Health and medical care for the family and community. Wis. Agr. Col. Ext. Stencil Cir. 259. Madison. Sept. 1947. 12 pp.
This circular contains data on hospital facilities, costs of medical care, and prepayment plans. An outline of a community health program recommends study of health facilities, health problems, existing programs, costs, and availability of medical care.

236. ZIEGLER, MARK, WEINERMAN, E. RICHARD, AND ROEMER, MILTON I. Rural prepayment medical care plans and public health agencies. Amer. Jour. Public Health 37: 1578-1585. Dec. 1947.
Discusses the prepayment program developed under the Farm Security Administration and the possible role of the public health agency as the administrative unit for facilitating rural participation in prepayment plans.

AUTHOR AND STATE INDEX

	Item
Altman, Isidore	153
Amer. Dental Assn., Council on Dental Health	1 2
Amer. Hospital Assn., Blue Cross Commission	3 4
Amer. Hospital Assn., Hospital Service Plan Commission	5 154
Amer. Med. Assn.	6 7 8
Amer. Med. Assn., Bur. of Med. Econ.	9
Amer. Med. Assn., Comm. on Rural Health	155
Amer. Med. Assn., Council on Med. Service	10
Amer. Med. Assn., Council on Rural Health	156
Amer. Nurses Assn.	43
Amer. Public Health Assn., Subcomm. on Med. Care	11
Anderson, Dewey	55
Anderson, Elin L.	157 158 159
Anderson, Odin W.	12 13 14 133
Arkansas	93
Avnet, Helen H.	15
Axelrod, S. J.	16 17
Babcock, Kenneth B.	18
Bachman, George W.	19
Baehr, George	20 21 22
Baldwin, Elmer D.	207
Baney, Anna Mae	80
Bauer, Louis H.	23 24 38
Baumgarten, Harold, Jr.	25
Becker, Harry	26 27 28
Bennett, A. E.	29
Benson, C. G.	30
Berger, Adolph	31
Bird, Bedford W.	160
Bjorn, Walter	32
Blanchard, Ralph H.	33
Botts, Ralph R.	172
Bowles, C. E.	16
Brew, Margaret L.	216
Brewster, Agnes W.	34 67
Bright, Margaret L.	162 184
Brodinsky, B. P.	35
Buie, Louis A.	163
Bur. of Cooperative Medicine	36
Butler, Allan M.	38
Butz, Verlo	164
Cabot, Hugh	37
California	51 70 165
California Farm Bureau Federation	165
Cannon, Ida M.	38
Carter, Hodding	166
Chamber of Commerce of the U. S.	39 40
Clark, Dean A.	38 41 57
Clark, Katharine G.	41
Clinton County Health Council	167
Colorado	163 174
Columbiana County Rural Health Council	168
Commission on Financing of Hospital Care	42
Committee on Research in Med. Econ.	44 45
Committee on the Costs of Med. Care	46
Connecticut	207
Connor, Ruth M.	169
Conover, Helen F.	47
Cooley, George W.	69
Cooperative Health Federation of America	48 49
Crain, Kenneth C.	50
Creel, George	51
Crews, Cecil	48
Davenport, Russell W.	52
Davis, F. Gordon	53

Item

Davis, Michael M. 54 55
Deardorff, Neva R. 22 56 57
Deering, Ferdie J. 170
Dental Society of the State of New York, Council on Dental Health 58 59
Dickinson, Frank G. 61 62 63
District of Columbia 153
Dollar, Melvin L. 133
Ducoff, Louis J. 207 223

Ellickson, John C. 172
Engle, Bernice 29
Ensminger, Douglas 229
Ewing, Oscar R. 117

Falk, I. S. 64 65 66 67
Farm Foundation 173
Faxon, Nathaniel W. 38
Felsen, Henry 68
Fenster, Jean 174
Folsom, Josiah C. 175
Frothingham, Channing 69
Fuller, James C. 70
Fullerton, Kie Sebastian 206

Gagliardo, Domenico 71
Galloway, Robert E. 176 177 178 179 180
Garfield, Sidney R. 72
Garnett, W. E. 181 182
Gates, Aubrey D. 183
Georgia 198
Gibson, Duane L. 192
Gilbert, William H. 73
Goldman, Franz 38 74 75
Goldstein, Marcus S. 83
Grossman, Evelyn 218

Hanger, M. R. 198
Hansen, Horace R. 69
Hargrove, E. A. 29
Hawley, Paul R. 76
Hay, Donald G. 162 184 185 186 187 188 189 200

Item

Health Information Foundation 190
Health Insurance Council 77
Henderson, Elmer L. 78
Hoffer, Charles R. 191 192 193
Hohaus, R. A. 79
Hollingsworth, Helen 80 81 93
Holman, Edwin J. 69
Household Finance Corp. 82
Humphreys, Gertrude 194
Hunt, G. Halsey 83

Illinois 216
Indiana 226
Interdepartmental Comm. to Coordinate Health and Welfare Activities 84
Iowa 171

Jane, Clarence 193
Johnston, Helen L. 80 195 196 197

Kaufman, Harold F. 176 177 178
Kendrick, Benjamin B. 85 86
Kentucky 211
Kirkpatrick, A. L. 86
Klem, Margaret C. 81 87 88 89 90 91 92 93 94 95 96

Lantis, Margaret 198
Larson, Gus 199
Larson, Olaf F. 185 186 187 188 189 200
Lear, Walter J. 96
Lively, Charles E. 201
Livingston, Helen E. 97
Locke, Henry D. 98
Locke, Joseph H. 202
Loftin, Marion T. 179 180
Longmore, T. Wilson 229
Loomis, Charles P. 192
Lull, George F. 117

								Item
Makover, Henry B.								99
Mangus, Arthur R.						203		208
Manning, Kenneth								100
Mannix, John R.								101
Manny, Elsie S.								197
Master, Arthur M.								102
Mather, William G.						169		204
Mayo, Selz C.						205		206
McKain, Walter C., Jr.								207
McKiever, Margaret F.						94		95
								96
McKittrick, Leland S.						38		103
McNamara, Robert L.								208
McNeel, John O.								104
McNeill, John M.								233
Means, James Howard								105
Meriam, Lewis								19
Meyer, Agnes								107
Michigan			128		191			192
			193		224			
Miller, Morton D.								108
Miller, Paul A.								192
Minnesota								106
Miser, Zelma A.								93
Mississippi			166		176			177
	178	179	180		218			225
Missouri					104			201
Moss, John								69
Mott, Frederick D.			209		210			221
National Catholic Welfare Conference								109
National Health Assembly								110
National Organization for Public Health Nursing								43
Nebraska			157		173			215
New England								98
New York	20	21	22		56			57
	58	59	99	102	111	112		125
	126	162	184	185	186	187		188
	189	200						
New York Academy of Medicine								111
New York (State) Legislature, Commission on Medical Care								112
North Carolina			205		206			212
			217		234			
North Carolina Comm. on Hospitals and Medical Care for Rural People								212
Ogden, J. C.								213
Ogden, Jean and Jess								214
Ohio			167		168			208
Oklahoma					130			164
Oregon								100
Osborne, John E. E.								60
Otey, Elizabeth L.								113
Paton, Dorothy Elizabeth								224
Patton, Robert E.								17
Paxton, Ida M.								215
Pennock, Jean L.								216
Pennsylvania			58		169			204
Phair, W. Philip								114
Pickard, Karl								126
Pink, Louis H.								115
Poe, William D.								217
President's Commission on the Health Needs of the Nation								116
Public Affairs Committee								117
Ramsey, Charles E.								223
Randall, Marian G.								118
Reagan, Barbara B.								218
Reed, Louis S.						119		120
Reuss, Carl F.								160
Richardson, J. T.								121
Roemer, Milton I.			210		219			220
			236					
Rogers, Edward S.								38
Rorem, C. Rufus			122		123			124
Rosen, George								125
Rosenfeld, Leonard S.								221

	Item
Roskelley, R. W.	222
Rothenberg, Joel E.	126
Rothenberg, Robert E.	126
Rourke, Anthony J., Jr.	127
Saskatchewan	221
Schmidt, Adolph	128
Schuler, Edgar A.	192
Serbein, Oscar N., Jr.	129
Sewell, William H.	223
Shadid, Michael A.	130
Sinai, Nathan 38 131 133 224	132
Sledge, Wilma B.	225
Smith, Harold E.	226
Stassen, Harold E.	134
Stillman, Calvin W.	135
Strunk, Frederick R.	136
Sweezy, Maxine	137
Tate, Leland B.	227
Taylor, Alva W.	228
Taylor, Carl C.	229
Taylor, Malcolm G.	221
Tennessee	214
Texas	161
Thaden, John F.	192
Tillinghast, Rose C.	216
U. S. Bureau Human Nutrition and Home Economics	230
U. S. Congress. House. Comm. on Interstate and Foreign Commerce 140	141
U. S. Congress. Senate. Comm. on Education and Labor	142
U. S. Congress. Senate. Comm. on Labor and Public Welfare 140	143
U. S. Congress. Senate. Subcomm. on Wartime Health and Education	144
U. S. Dept. Agr.	231
U. S. Dept. Health, Education, and Welfare 145	146
U. S. Extension Service	232
U. S. Federal Security Agency, Social Security Administration	147
Van Steenwyk, E. A.	148
Virginia 181 182 213	227
Voorhis, Jerry	149
Washington	222
Watrous, Roberta C.	233
Weinerman, E. Richard 150 236	151
Weissman, Arthur	152
West, Virginia	194
Willcox, Alanson W.	69
Winters, S. R.	234
Wiprud, Theodore	153
Wisconsin 223	235
Woods, Philip W.	198
Young, Louis A.	235
Ziegler, Mark	236

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